

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90331 016 \*\*\*\*61.25

**DOCUMENT # N97000001637**

1. Entity Name

**NATURE 10-13 INC.**

Principal Place of Business

**3211 CORONET CT.  
 SPRING HILL FL 34613**

Mailing Address

**3211 CORONET CT.  
 SPRING HILL FL 34613**

2. Principal Place of Business

**18507 ALEXSON ST.**

Suite, Apt. #, etc.

3. Mailing Address

**18507 ALEXSON ST.**

Suite, Apt. #, etc.

City & State

**SPRING HILL, FL.**

City & State

**Spring Hill, FL**

4. FEI Number

**59-3435785**

Applied For

Not Applicable

Zip

**34610**

Country

**USA**

Zip

**34610**

Country

**USA**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KREPPEIN, JAMES  
 3211 CORONET CT.  
 SPRING HILL FL 34609**

7. Name and Address of New Registered Agent

Name

**ROBERT GUENKEL**

Street Address (P.O. Box Number is Not Acceptable)

**18507 ALEXSON ST**

City

**SPRING HILL**

**FL**

Zip Code

**34610**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **ROBERT GUENKEL**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/1/01**

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete  
 NAME **KREPPEIN, JAMES**  
 STREET ADDRESS **3211 CORONET CT.**  
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **DVP** ☒ Delete  
 NAME **LANGONE, THOMAS**  
 STREET ADDRESS **11720 TRUMBULL DR**  
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **DT** ☐ Delete  
 NAME **GUENKEL, ROBERT**  
 STREET ADDRESS **18507 ALEXSON ST.**  
 CITY-ST-ZIP **SPRING HILL FL 34610**

TITLE **D** ☐ Delete  
 NAME **PHILIPAMARA,**  
 STREET ADDRESS **8485 HEATHER BLVD**  
 CITY-ST-ZIP **WEEKI WACHEE FL 34613**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition  
 NAME **BOUCHET, RAYMOND**  
 STREET ADDRESS **1101 AUDIE BROOK DRIVE**  
 CITY-ST-ZIP **SPRING HILL, FL 34608**

TITLE **DVP** ☒ Change ☐ Addition  
 NAME **NATALE, JOEL**  
 STREET ADDRESS **1423 CORNELL AVE**  
 CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DS** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**3/1/01**

**(352) 666-1046**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)