

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000001637**

1. Entity Name

NATURE 10-13 INC.

Principal Place of Business

**18507 ALEXSON ST
SPRING HILL FL 34610**

Mailing Address

**18507 ALEXSON ST
SPRING HILL FL 34610**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3435785

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GUENKEL, ROBERT
18507 ALEXSON ST
SPRING HILL FL 34610**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 7, 2002**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	<input type="checkbox"/> Delete
NAME	PONCHET, RAYMOND	
STREET ADDRESS	1101 AUDIE BROOK DR	
CITY-ST-ZIP	SPRING HILL FL 34608	

TITLE	DVP	<input type="checkbox"/> Delete
NAME	NATALE, JOEL	
STREET ADDRESS	1423 CORNELL AVE	
CITY-ST-ZIP	SPRING HILL FL 34609	

TITLE	DT	<input type="checkbox"/> Delete
NAME	GUENKEL, ROBERT	
STREET ADDRESS	18507 ALEXSON ST.	
CITY-ST-ZIP	SPRING HILL FL 34610	

TITLE	DS	<input type="checkbox"/> Delete
NAME	PHILIPAMARA,	
STREET ADDRESS	8485 HEATHER BLVD	
CITY-ST-ZIP	WEEKI WACHEE FL 34613	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POUCHET	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**2/7/02**

Date

352-666-1046

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)