

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90053 006 ****61.25

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**

00001010



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3435785**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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

ROBERT GUENKEL
(NOTE: Registered Agent signature required when reinstating.)

1/8/03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Delete
NAME **PONCHET, RAYMOND**
STREET ADDRESS **1101 AUDIE BROOK DR**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **DP** ☒ Change ☐ Addition
NAME **TOM LANGONE**
STREET ADDRESS **11720 TRUMBULL DRIVE**
CITY-ST-ZIP **SPRING HILL, FL 34609**

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03 727-856-1142
Date Daytime Phone #

CR2E037 (10/02)