2002 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2002 8:00 am & Secretary of State DOCUMENT # P00000040001 1. Entity Name N.A.T. ENTERPRISES, INC. 03-07-2002 90231 007 ***150.00 Principal Place of Business Mailing Address 7406 KINARD ROAD 7406 KINARD ROAD PLANT CITY FL 33565 PLANT CITY FL 33565 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1000859 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required t Registered Agent Name and Address of New Registered Agent PACKER, NATALIE D 7406 KINARD ROAD PLANT CITY FL 33565 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 4 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5:00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PST** TITLE ☐ Delete TITLE ☐ Addition NAME PACKER, NATALIE D NAME 7406 KINARD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33565 CITY-ST-ZIP TITLE VPD ☐ Delete TITLE PACKER, NATALIE D NAME NAME STREET ADDRESS 7406 KINARD ROAD STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33565 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME - STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

changed, or on an attachment with an address, with

FILED