

(850) 488-9000

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90185 044 ***158.75

DOCUMENT # P00000040001

1. Entity Name
N.A.T. Enterprises Inc.



DO NOT WRITE IN THIS SPACE

00000007

2. Principal Place of Business

10740 N. 56th Street

Suite, Apt. #, etc.

#134

City & State

Tampa, Florida

Zip

33617

Country

USA

3. Mailing Address

10740 N. 56th Street

Suite, Apt. #, etc.

Suite #134

City & State

Tampa, Florida

Zip

33617

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

#651000859

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Natalie Packer

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

10740 N. 56th Street, #134

City

Tampa

FL

Zip Code

33617

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE *President*
NAME *Natalie Packer*
STREET ADDRESS *10740 N. 56th Street, #134*
CITY-ST-ZIP *Tampa, Florida, 33617*

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Natalie Packer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 (813) 760-6111
Date Daytime Phone *

CR2E034B (12/02)