

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

DOCUMENT # P00000078927

1. Entity Name

NATURE -COAST CONSULTANTS, INC.

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90069 004 ***150.00

DO NOT WRITE IN THIS SPACE

656697

2. Principal Place of Business

5143 COMMERCIAL WAY

Suite, Apt. #, etc.

3. Mailing Address

POST OFFICE BOX 3212

Suite, Apt. #, etc.

City & State

SPRING HILL, FL 34606

Zip

Country

City & State

SPRING HILL, FL 34611

Zip

Country

4. FEI Number

59-3664484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
POLK, JAMES L.

Street Address (P.O. Box Number is Not Acceptable)
5143 COMMERCIAL WAY

City
SPRING HILL,

FL

Zip Code
34606

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T POLK, JAMES L. 5143 COMMERCIAL WAY SPRING HILL, FL 34606	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L. POLK

DATE

Daytime Phone #