

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

DOCUMENT # P01000025137

1. Entity Name

NATURAL FLORIDA ECOSYSTEMS, INC.



FILED
04 MAR -4 AM 9:55
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
370 CENTERPOINTE CIR.

3. Mailing Address
SAME

Suite, Apt. #, etc.
STE 1116

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ALTAMONTE SPGS., FL

City & State

4. FEI Number
59-3722763

Applied For
Not Applicable

Zip
32701

Country
USA

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
B&C CORPORATE SERVICES

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

390 NORTH ORANGE AVE

SUITE 1100

City
ORLANDO

FL

Zip Code
32801

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 JOHN N. ATKINS, PRES., NEW REG. AGT.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/04

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
NAME
STREET ADDRESS
CITY-ST-ZIP
JOHN ATKINS
PRESIDENT/SECRETARY
P.O. BOX 188
NSB, FL 32170

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT/TREASURER
STUART BRADOW
201 SHERYL DR.
DELTONA, FL 32738

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John N. Atkins

Date

Daytime Phone #

2/25/04 (407) 260-5951

CR2E034B (12/02)