

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

DOCUMENT # P01000048531

1. Entity Name
NATURAL SURFACES, INC.

02-20-2002 90116 004 ***150.00
 04-09-2002 91165 021 *****8.75

Principal Place of Business
4188 ELECTRIC WAY
CHARLOTTE HARBOR FL 33980

Mailing Address
4188 ELECTRIC WAY
CHARLOTTE HARBOR FL 33980

2. Principal Place of Business
SAME 4188 ELECTRIC WAY
 Suite, Apt. #, etc.

3. Mailing Address
SAME - 4188 ELECTRIC WAY
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PORT CHARLOTTE FL

City & State
PORT CHARLOTTE FL

4. FEI Number
41-2030651

Applied For
 Not Applicable

Zip
33980

Country
USA

Zip
33980

Country
USA

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

HOWARTH, WILLIAM
4188 ELECTRIC WAY
CHARLOTTE HARBOR FL 33980

Name **DENNIS LOMBARDO**

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. **3-26-02**

SIGNATURE *[Signature]* *[Signature]* **1-14-02**
 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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Delete
 NAME **HOWARTH, WILLIAM**
 STREET ADDRESS **4188 ELECTRIC WAY**
 CITY-ST-ZIP **CHARLOTTE HARBOR FL 33980**

TITLE **PRES.** ☐ Change ☒ Addition
 NAME **DENNIS LOMBARDO**
 STREET ADDRESS **4188 ELECTRIC WAY**
 CITY-ST-ZIP **CHARLOTTE HARBOR FL 33980**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V. PRES.** ☐ Change ☒ Addition
 NAME **DIANA LOMBARDO**
 STREET ADDRESS **4188 ELECTRIC WAY**
 CITY-ST-ZIP **CHARLOTTE HARBOR FL 33980**

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

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

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 all other like empowered.

SIGNATURE: *[Signature]* **1-14-02**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

[Signature] **DENNIS LOMBARDO 3-26-02**

CR2E034 (9/01)