

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90346 002 \*\*\*150.00

**DOCUMENT # P01000050357**

1. Entity Name  
**NATURAL REEF, INC.**

Principal Place of Business

**1009 MOCCASIN RUN ROAD  
 OVIEDO FL 32765  
 US**

Mailing Address

**1009 MOCCASIN RUN ROAD  
 OVIEDO FL 32765  
 US**

2. Principal Place of Business

**1009 Moccasin Run Rd.  
 Suite, Apt. #, etc.  
 NA**

3. Mailing Address

**1009 MOLLASIN RUN ROAD  
 Suite, Apt. #, etc.  
 NA**

City & State

**OVIEDO, FL**

City & State

**OVIEDO, FL**

4. FEI Number

**59-3720152**

Applied For

Not Applicable

Zip

**32765**

Country

**USA**

Zip

**32765**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MORITZ, ANOTHAI T  
 1009 MOCCASIN RUN ROAD  
 OVIEDO FL 32765**

7. Name and Address of New Registered Agent

Name

**Anothai T. Moritz**

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

**1009 Moccasin Run Rd.**

City

**OVIEDO**

**FL**

Zip Code

**32765**

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

**ANOTHAI T. MORITZ PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

**4/14/02**

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MORITZ, ANOTHAI T</b>	
STREET ADDRESS	<b>1009 MOCCASIN RUN ROAD</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MORITZ, SHELLY J</b>	
STREET ADDRESS	<b>1009 MOCCASIN RUN ROAD</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE	<b>AVP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BILICK, JOSEPH</b>	
STREET ADDRESS	<b>1009 MOCCASIN RUN ROAD</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**ANOTHAI T. MORITZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/02**

DATE

**(321) 436-9092**

Daytime Phone #

CR2E034 (9/01)