

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90558 021 ***150.00

DOCUMENT # P01000090257

1. Entity Name
NATURAL MARKETPLACE INC.



Principal Place of Business
**402 E. SLIGH AVE.
TAMPA FL 33604**

Mailing Address
**402 E. SLIGH AVE.
TAMPA FL 33604**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1138089**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORSE, HAROLD F
1503 TERRA CEIA BAY CIR.
PALMETTO FL 34221**

Name **Harold F. Morse**
Street Address (P.O. Box Number is Not Acceptable)
402 E. Sligh Ave.
City **Tampa** FL Zip Code **33604**

address
change

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MORSE, HAROLD F**
CITY-ST-ZIP **1503 TERRA CEIX BAY CIRCLE
PALMETTO FL 34221**

TITLE ☒ Change ☐ Addition
NAME **8310 Curlew Ct.**
STREET ADDRESS **Bradenton, FL 34202** (Address change)
CITY-ST-ZIP

TITLE ☐ Delete
NAME **EV**
STREET ADDRESS **ALLEN, CANDY**
CITY-ST-ZIP **1503 TERRA CEIX BAY CIRCLE
PALMETTO FL 34221**

TITLE ☒ Change ☐ Addition
NAME **Candy Morse**
STREET ADDRESS **8310 Curlew Ct.** (Name + Address change)
CITY-ST-ZIP **Bradenton, FL 34202**

TITLE ☐ Delete
NAME **VO.**
STREET ADDRESS **MILLER, DAN**
CITY-ST-ZIP **2525 ROY NAVADO DR.S.
SAINT PETERSBURG FL 33712**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **BROOKS, JIM**
CITY-ST-ZIP **13599 FERTHERSOUND CR E 9
CLEARWATER FL 33762**

TITLE ☒ Change ☐ Addition
NAME **1719 OWEN Dr.** (Address change)
STREET ADDRESS **Clearwater, FL 33759**
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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **HAROLD F. MORSE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Resident

1/6/03
Date

813-239-2700
Daytime Phone #

CR2E034 (10/02)