

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90200 031 \*\*\*150.00

**DOCUMENT # P01000099716**

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

**Principal Place of Business**

**1885 COUNTY ROAD 193**  
**CLEARWATER FL 33759**

**Mailing Address**

**1885 COUNTY ROAD 193**  
**CLEARWATER FL 33759**

**B5078470**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**1 Harbor PT PI**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**SAME**  
 Suite, Apt. #, etc.

**City & State**

**Safety Harbor FL**

**City & State**

**Safety Harbor FL**

**4. FEI Number**

**59-3757003**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DUBENDORFF, KIM**  
**1885 COUNTY ROAD 193**  
**CLEARWATER FL 33759**

**7. Name and Address of New Registered Agent**

**Name Kim Dubendorff**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1 Harbor PT PI**  
**City Safety Harbor FL Zip Code 34695**

**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 Kim Dubendorff**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**4/16/02**

**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>D</b>	<input type="checkbox"/> Delete
NAME	<b>DUBENDORFF, KIM</b>	
STREET ADDRESS	<b>1885 COUNTY ROAD 193</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33759</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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>Kim Dubendorff</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1 Harbor PT PI</b>	
STREET ADDRESS	<b>Safety Harbor, FL 34695</b>	
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
NAME		
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:**

**Kim Dubendorff**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/02**  
 Date

**727-723-8129**  
 Daytime Phone #

CR2E034 (9/01)