

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90771 037 \*\*\*150.00

0072022 AV

DOCUMENT # P02000021064

1. Entity Name  
NATASA, INC.



Principal Place of Business

Mailing Address

~~XXXXXX~~  
~~XXXXXX~~

~~XXXXXX~~  
~~XXXXXX~~

2. Principal Place of Business

3. Mailing Address

6271 NW 126 PLACE

6271 NW 126 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES



City & State

City & State

CHIEFLAND-FL-B

CHIEFLAND-FL

4. FEI Number

Applied For

01-0620000

Not Applicable

Zip

Country

Zip

Country

32626

USA

32626

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

~~RUEK THEODORE M ESSO~~

~~XXXXXX~~

~~XXXXXX~~

ASHISH STEPHEN  
6271 NW 126 PLACE  
CHIEFLAND-FL-32626

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

N/A.

**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	D	<input type="checkbox"/> Delete
NAME	STEPHEN, ASHISH	
STREET ADDRESS	6271 NW 126 PL,	
CITY-ST-ZIP	CHIEFLAND-FL-32626	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 352-490-7078

Date

Daytime Phone #

CR2E034 (10/02)