FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

AMENDED

03 DEC 26 AM 9:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000038164**

1. Entity Name

Natural Art Surfwear, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
131 Tomahawk Drive	P O Box 372645
Suite, Apt. #, etc.: #15B	Suite, Apt. #, etc.:
City & State: Indian Harbor Beach, FL	City & State: Satellite Beach, FL
Zip: 32937 Country: USA	Zip: 32937 Country: USA

4. FEI Number: 01-0654969 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Greg Dooley

Street Address (P.O. Box Number is Not Acceptable): 131 Tomahawk Drive

#15B

City: Satellite Beach, FL FL Zip: 32937

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: Greg M Dooley

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

200025762112
12/26/03--01014--004 **61.25

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P D
NAME	Dooley, Greg M
STREET ADDRESS	131 Tomahawk Drive, #15B
CITY-ST-ZIP	Indian Harbor Beach, FL 32937
TITLE	D
NAME	Dooley, Peter E
STREET ADDRESS	131 Tomahawk Drive, #15B
CITY-ST-ZIP	Indian Harbor Beach, FL 32937
TITLE	D
NAME	Shear, Jeffrey
STREET ADDRESS	401 E Jackson St, Suite 2700
CITY-ST-ZIP	Tampa, FL 33602
TITLE	D
NAME	May, Dennis
STREET ADDRESS	11000 Prosperity Farms Rd, Suite 301
CITY-ST-ZIP	Palm Beach Gardens, FL 33410
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Greg M Dooley Greg M Dooley 12/23/03 (561)926-1592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #