

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90277 029 \*\*\*150.00

DOCUMENT # P02000102701

1. Entity Name  
NATE SCAPES INC.



Principal Place of Business  
~~6778 CRYSTAL LAKE RD~~  
KEYSTON HEIGHTS FL 32656

Mailing Address  
~~6778 CRYSTAL LAKE RD~~  
KEYSTON HEIGHTS FL 32656



2. Principal Place of Business  
722 Grouper LN  
Suite, Apt. #, etc.

3. Mailing Address  
P O Box 242  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
Key Largo  
Zip  
33037  
Country  
USA

City & State  
Islamorada FL  
Zip  
33036  
Country  
USA

4. FEI Number  
30-0117407  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

COOK, ROB  
P.O. BOX 529  
ISLAMORADO FL 33036

7. Name and Address of New Registered Agent

Name  
Nathan Weinbaum  
Street Address (P.O. Box Number is Not Acceptable)  
722 Grouper Lane  
City  
Key Largo FL Zip Code  
33037

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]* (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

TITLE	P	<input type="checkbox"/> Delete
NAME	WEINBAUM, NATHAN	
STREET ADDRESS	6778 CRYSTAL LAKE RD	
CITY-ST-ZIP	KEYSTON HEIGHTS FL 32656	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P O Box 242	
CITY-ST-ZIP	Islamorada FL 33036	
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		
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STREET ADDRESS		
CITY-ST-ZIP		
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-11-03 (352)-871-1761  
Date Daytime Phone #

CR2E034 (10/02)