

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90427 029 ***150.00

DOCUMENT # P93000035013

1. Entity Name

Natures Intent Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1126 S. Federal Hwy

Suite, Apt. #, etc.

174

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

4. FEI Number

65-0418522

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

IRENE RANDALL

Street Address (P.O. Box Number is Not Acceptable)

1305 MANGO ISLE

Ft. Lauderdale

City

Ft. Lauderdale

FL

Zip Code

33315

**DO NOT WRITE
IN THIS SPACE**

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



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

(NOTE: Registered Agent signature required when re-registering)

DATE

4-10-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

President

IRENE RANDALL

1305 MANGO ISLE

Ft. Lauderdale, FL 33315

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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IN THIS SPACE**

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

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02

Date

9545256780

Anytime Phone #

CR2E034B (12/01)