

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000060253

1. Entity Name

~~NATURE~~ FRIENDLY PRODUCTS, INC.
NATURE

Principal Place of Business

6880 16TH STREET
VERO BEACH, FL.
32966

Mailing Address

P O BOX 1029
VERO BEACH, FL.
32961-1029

2. Principal Place of Business

6880 16th Street

3. Mailing Address

P. O. Box 1029

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3274427

Applied For

Not Applicable

Zip

32966

Country

Zip

32961-1029

Country

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

MCHUGH, JOHN J JR.
333 17th STREET
SUITE U
VERO BEACH, FL. 32960

Name GEORGE S. STINSON

Street Address (P.O. Box Number is Not Acceptable)
6880 16th STREET

City VERO BEACH FL Zip Code 32966

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 GEORGE S. STINSON, P/D

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

(NOT Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME STINSON, GEORGE S.
STREET ADDRESS 6880 16th STREET
CITY-ST-ZIP VERO BEACH, FL. 32966

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME STINSON, GENEVA
STREET ADDRESS 6880 16th STREET
CITY-ST-ZIP VERO BEACH, FL. 32966

TITLE TDS ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME PRANGE, EDWIN
STREET ADDRESS 6355 1st ST.SW
CITY-ST-ZIP VERO BEACH, FL. 32966

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME SOUTH, GLORIA
STREET ADDRESS 1465 REED ST. NW
CITY-ST-ZIP PALM BAY, FL.

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

561-562-5354

Daytime Phone #

CR2E034 (9/99)