

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000061146

1. Entity Name

NATURAL SETTINGS, INC.

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90013 048 ***150.00

Principal Place of Business

2736 N ANDREWS AVE
#170
FT LAUDERDALE FL 33311

Mailing Address

2736 N ANDREWS AVE
#170
FT LAUDERDALE FL 33311-2512

2. Principal Place of Business

119 SW 22nd Avenue

Suite, Apt. #, etc.

3. Mailing Address

119 SW 22nd Avenue

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. Laud., FL

City & State

FT. Laud., FL

4. FEI Number

65-0515204

Applied For

Not Applicable

Zip

33312

Country

USA

Zip

33312

Country

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

MCKIBBEN, ELAINE
119 S.W. 22ND AVE.
FT LAUDERDALE FL 33312

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.

SIGNATURE

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

(NOTE: 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
NAME MCKIBBEN, ELAINE
STREET ADDRESS 119 S.W. 22ND AVENUE
CITY-ST-ZIP FT LAUDERDALE FL 33312 ☐ Delete

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

TITLE VP
NAME MCKIBBEN, DENNIS
STREET ADDRESS 119 S.W. 22ND AVENUE
CITY-ST-ZIP FT LAUDERDALE FL 33312 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Elaine McKibben Elaine McKibben

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2000 (954) 584-0397

Date

Daytime Phone #