

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90151 022 \*\*\*150.00

DOCUMENT # P94000061146

1. Entity Name  
**NATURAL SETTINGS, INC.**

Principal Place of Business 119 SW 22ND AVE FORT LAUDERDALE FL 33312	Mailing Address 119 SW 22ND AVE #170 FORT LAUDERDALE FL 33312
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>119 SW 22nd Avenue</b>	3. Mailing Address <b>119 SW 22nd Avenue</b>
---	---

Suite, Apt. #, etc. <b>FT LAUDERDALE, FL</b>	Suite, Apt. #, etc. <b>FT LAUDERDALE, FL</b>
---	---

City & State <b>Ft. Lauderdale, FL</b>	City & State <b>Ft. Lauderdale, FL</b>
---	---

Zip <b>33312</b>	Country <b>USA</b>	Zip <b>33312</b>	Country <b>USA</b>
---------------------	-----------------------	---------------------	-----------------------

4. FEI Number <b>65-0515204</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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's 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, 2001 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	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCKIBBEN, ELAINE			NAME			
STREET ADDRESS	119 S.W. 22ND AVENUE			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33312			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCKIBBEN, DENNIS			NAME			
STREET ADDRESS	119 S.W. 22ND AVENUE			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33312			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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** 1/22/2001 **(954)584-0397**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)