2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#1 3 P95000025592

NATURAL CREATIONS INTERNATIONAL ORAL DESIGN STUD

Principal Place of Business Mailing Address

6839 HIDDEN GLADE PL. SANFORD FL 32771

2. Principal Place of Business



SANFORD FL 32771

3. Mailing Address



07-09-2002 90019 049 ***550.00





UEL	Suite, Apt. #, etc. City & State Zip ent Registered Agent	Coun	ntry	4. F	DO NOT WRITE IN THIS El Number 36-3899301	A	pplied For		
Country Name and Address of Curre	Zip	Coun	ntry	4. F	El Number 36-3899301		· · · · · · · · · · · · · · · · · · ·		
Name and Address of Curre	·	Coun	ntry		4. FEI Number 36-3899301		ot Applicable		
UEL	ent Registered Agent		*				8.75 Additional ee Required		
UEL		6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
	FISCHER, RAQUEL			Name Street Address (P.O. Box Number is Not Acceptable)					
6839 HIDDEN LANE PL SANFORD FL 32771			Officer Address (1.0. dox Hamber to http://documents						
			City		- ·	l			
f registered agent.		its registere	ed office or reg	gistered age	ent, or both, in the State of Florida. Tar	n familiar with	and accept		
re, typed or printed name of registered ag	ent and title if applicable (N	OTE: Registere	ed Agent signature re	equired when re	instating) DATE				
Tax filing requirement and elects to do so. (See criteria on back) After September 13, 200: Make Check Payable to			Fee will be \$		10. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees		
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	ed entity submits this statemen of registered agent. The typed or printed name of registered agent is eligible to satisfy its Intanguement and elects to do so. DOFFICERS AI HCHER, ROU 19 HIDDEN GLADE PL NFORD FL 32771	ed entity submits this statement for the purpose of changing of registered agent. In its eligible to satisfy its Intangible ement and elects to do so. back) OFFICERS AND DIRECTORS HCHER, ROU 9 HIDDEN GLADE PL NFORD FL 32771 Delete Delete Delete	and entity submits this statement for the purpose of changing its register of registered agent. In purpose of changing its register of registered agent and title if applicable. In purpose of changing its register of registered agent and title if applicable. In purpose of changing its register of registered agent and title if applicable. In purpose of changing its register of registered agent and title if applicable. In purpose of changing its register of registered agent and title if applicable. In purpose of changing its register of changing its register. In purpose of changing its register of changing its register. In purpose of changing its register of changing its register. In purpose of changing its register of changing its register. In purpose of changing its register of changing its register. In purpose of changing its register of changing its register. In purpose of changing its register of changing its register. In purpose of changing its register of changing its register. In purpose of changing its register of changing its register. In purpose of changing	City and entity submits this statement for the purpose of changing its registered office or registered agent. (NOTE: Registered Agent signature registered agent and title if applicable. (NOTE: Registered Agent signature registered agent and title if applicable. (NOTE: Registered Agent signature registered agent and title if applicable. (NOTE: Registered Agent signature registered Agent signature registered Agent signature registered agent and title if applicable. (NOTE: Registered Agent signature	City and entity submits this statement for the purpose of changing its registered office or registered agent agent registered agent and title if applicable. (NOTE: Registered Agent signature required when reins eligible to satisfy its Intangible perment and elects to do so. back) Second FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State CHER, ROU HITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	City F ad entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I ran fregistered agent. NOTE Registered Agent signature required when reinstating) DATE	City FL Zip Cord entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. Iram familiar with fregistered agent. 70. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature received when reintaking) DATE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR WAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Change Change		

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

STORATURE PLO POST FISCHER

7/3/02

407 328 4200

Daytime Phone #