

7/24/01-90021-047-\$150.00-\$150.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # P95000046173</b>			
1. Entity Name <b>NATURAL ACCENT, INC.</b>			
Principal Place of Business <b>3115 51ST ST SARASOTA FL 34234 US</b>		Mailing Address <b>4509 BEE RIDGE RD. SUITE B SARASOTA FL 34233</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent <b>WHITE, JUNE 3115 51ST ST. SARASOTA FL 34234</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ (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) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WHITE, JUNE 31115 51ST STREET SARASOTA FL 34234</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300004587363 -09/13/01--01061--019 ****165.00 ****165.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LS</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated indicated on this report or supplemental report is true and accurate and that my signature shall be 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: <b>June White</b>		<b>PLEASE SIGN &amp; DATE</b> <b>16/01</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED

01 SEP -4 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

192

CR2E034 10/00

2012  
Natural Accent Inc.  
3115 51<sup>ST</sup> ST.  
Sarasota, FL. 34234  
941-351-0705  
Fax 941-351-0905.

Dear Tyrone Scott,

I spoke to you on the phone -  
asking if were possible to waiver the  
penalty for being late. I've never been  
late before - My father passed away and  
I had to put my life & work aside  
for my very old parents. My Mom  
& Dad wereing living in Anacortes wa. (not  
close by) I returned recently with my Mother.  
I encured alot of expenses to be their  
for her. Could you let me know if my  
\$165<sup>00</sup> check will be accepted this time.

Thank You.

Sincerely Jane White