

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010883

1. Entity Name

NATURAL WOOD INTERIORS INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90031 037 ***158.75

Principal Place of Business

Mailing Address

1757 SW BILTMORE STREET
PORT ST. LUCIE FL 34984

1757 SW BILTMORE STREET
PORT ST. LUCIE FL 34984-3419

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0731210**

Applied For

Not Applicable

Zip

Country

Zip

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

PETERS, MIKE
410 SE CORK RD
PORT ST. LUCIE FL 34984

Name **Peters Mike**

Street Address (P.O. Box Number is Not Acceptable)

572 S.W. CRAWFISH DR

City **Port St Lucie**

FL

Zip Code **34953**

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 **PTSD** ☐ Delete
NAME **PETERS, MICHAEL T**
STREET ADDRESS **410 SE CORK RD**
CITY-ST-ZIP **PORT ST LUCIE FL 34984**

TITLE **PTSD** ☒ Change ☐ Addition
NAME **Peters, Michael T**
STREET ADDRESS **572 S.W. CRAWFISH DR**
CITY-ST-ZIP **Port St Lucie FLA 34953**

TITLE **C** ☐ Delete
NAME **PETERS, RUTH H**
STREET ADDRESS **4500 28TH AVE SW**
CITY-ST-ZIP **NAPLES FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Michael T. Peters**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00
Date

561 878-5669
Daytime Phone #

CR2E034 (9/99)