

# 2000 UNIFORM BUSINESS REPORT (UBR)

10/2

DOCUMENT # P97000071702

1. Entity Name

NATURAL SYSTEMS MANAGEMENT, INC.

FILED

00 JUN 28 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1876 E RD  
LOXAHATCHEE FL 33470  
US

Mailing Address

P O BOX 476  
LOXAHATCHEE FL 33470-0476  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0795664

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARRISH, BRUCE W JR.  
105 S. NARCISSUS AVE.  
SUITE 701  
WEST PALM BEACH FL 33401

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	D	<input type="checkbox"/> Delete
NAME	GOLTZENE, IRENE	
STREET ADDRESS	P.O. BOX 476	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDASICH, SHARON	
STREET ADDRESS	NEPTUNE STREET	
CITY-ST-ZIP	BOCA RATON FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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-07/06/00--01004--010  
\*\*\*\*150.00 \*\*\*\*150.00

LS

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, trustee, or empowered person 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 another like empowered.

SIGNATURE:

S.H. Friedman VP/CO

Date

361-798-4997

Daytime Phone #

CR2E034 (9/99)

2062

# EnviroGlades, Inc.

P.O. Box 476  
Loxahatchee, Florida 33471

Phone: (561) 798-4995  
Fax : (561) 793-6708

June 19, 2000

Divisions of Corporations  
Uniform business report filings  
P.O. Box 6327  
Tallahassee, Florida 32314  
Attn: Leslie Sellers

Attachment  
P97000071702

Dear Ms. Sellers,

Per our conversation of last week, I am forwarding to you copies of our filings (6) that have been obviously lost, with new checks.

You stated that you would accept these as being filed before May 1, 2000.

Thank you for your cooperation,

S.M. Friedman  
Chief Financial Officer