

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90376 002 ***150.00

0520034 AV

DOCUMENT # P97000097338

1. Entity Name
NATURAL ENVIRONMENTS, INC.



Principal Place of Business
~~8001 MAINLINE PKWY~~
~~FORT MYERS FL 33912~~
4752 Pembroke Ln.
Bonita Springs, FL 34134

Mailing Address
~~8001 MAINLINE PKWY~~
~~FORT MYERS FL 33912~~
4752 Pembroke Ln.
Bonita Springs, FL 34134



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3480304**
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MONTHEI, TODD
~~8001 MAINLINE PARKWAY~~ **4752 Pembroke Ln.**
~~FORT MYERS FL 33912~~ **Bonita Springs, FL**
34134

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MONTHEI, TODD K			NAME			
STREET ADDRESS	8001 MAINLINE PKWY 4752 Pembroke Ln.			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33912 Bonita Springs, FL 34134			CITY-ST-ZIP			
TITLE	PVST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MONTHEI, TODD K			NAME			
STREET ADDRESS	8001 MAINLINE PKWY 4752 Pembroke Ln.			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33912 Bonita Springs, FL 34134			CITY-ST-ZIP			
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NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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NAME				NAME			
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NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *TODD K. MONTHEI* **TODD K. MONTHEI** **4-30-2003** **239-340-1305**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)