

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006302

1. Entity Name

NATURES IMAGE OF CENTRAL FLORIDA, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90034 047 ***150.00

Principal Place of Business

Mailing Address

1860 ORANGE ST.
OVIEDO FL 32765

1860 ORANGE ST.
OVIEDO FL 32765-9165

2. Principal Place of Business

3. Mailing Address

1860 ORANGE ST.

1860 ORANGE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OVIEDO - FL.

City & State

OVIEDO FL.

Zip

Country

Zip

Country

32765

32765

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, MICHAEL A
1860 ORANGE ST.
OVIEDO FL 32765

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
GREEN, MICHAEL A
1860 ORANGE ST.
OVIEDO FL 32765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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 A. Green **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00 (407) 365-322

Date

Daytime Phone #