

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038152

1. Entity Name

NATURALLY EDEN, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90065 030 ***150.00

Principal Place of Business

31 BASS AVENUE, APT. E
FORT WALTON BEACH FL 32548

Mailing Address

31 BASS AVENUE, APT. E
FORT WALTON BEACH FL 32548-5355

2. Principal Place of Business

31 Bass Ave
Suite, Apt. #, etc. E

3. Mailing Address

31 Bass Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Walton FL

City & State

Fort Walton FL

4. FEI Number

59-3508769

Applied For

Not Applicable

Zip

32548

Country

USA

Zip

32548

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETERMANN, RICHARD P
25 NE WALTER MARTIN ROAD
FORT WALTON BEACH FL 32548

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.

SIGNATURE

PAMELA C. DOWLING

4-25-2000

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 D ☐ Delete
NAME DOWLING, PAMELA C
STREET ADDRESS 31 BASS AVENUE, APT. E
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE D ☐ Delete
NAME WOODS, TOMMIE
STREET ADDRESS 31 BASS AVENUE, APT. E
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

PAMELA C. DOWLING

Date

Daytime Phone #

4-25-2000 850-243-5559