

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069729

1. Entity Name
NAT, INC.

FILED
Sep 21, 2000 8:00 am
Secretary of State

09-21-2000 90002 029 ***550.00

Principal Place of Business Mailing Address **6271 NW 126 PL.**
~~723 NORRTH YOUNG BOULEVARD~~ ~~723 NORRTH YOUNG BOULEVARD~~
~~CHIEFLAND FL 32626~~ ~~CHIEFLAND FL 32626~~
6271 NW 126 PLACE **CHIEFLAND - FL-32**
CHIEFLAND - FL-32626

2. Principal Place of Business 3. Mailing Address
6271 NW 126 PLACE **6271 NW 126 PLACE**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CHIEFLAND - FL **CHIEFLAND - F**
Zip Country Zip Country
32626 **32626**

4. FEI Number **59-3528160** Applied For
Not Applicable

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

STEPHENS, ASHYN
~~723 N YOUNG BLVD~~ **6271 NW 126 PLACE**
CHIEFLAND FL 32626

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **PSTD** ☐ Delete
NAME **STEPHEN, ASHISH** **6271 NW 126 PLACE**
STREET ADDRESS ~~723 NORRTH YOUNG BOULEVARD~~
CITY-ST-ZIP **CHIEFLAND FL 32626**

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

TITLE ☐ Delete
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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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

9/9/00 352-490-7078

CR2E034 (5/00)