

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087042

1. Entity Name

NATURAL BODY HARMONY, INC.

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90014 012 \*\*\*150.00

Principal Place of Business

5445 GULF DR.  
NEW PORT RICHEY FL 34652

Mailing Address

6404 ABERDEEN AVE.  
NEW PORT RICHEY FL 34653-1000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3540176

Applied For

Not Applicable

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

PARKS, GORDON E JR.  
6404 ABERDEEN AVE.  
NEW PORT RICHEY FL 34653

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
PARLES, MARIA  
6404 ABERDEEN AVE  
NEW PORT RICHEY FL 34653

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PARKS, MARIA

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
PARKS, GORDON E JR  
6404 ABERDEEN AVE  
NEW PORT RICHEY FL 34653

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CE 1034 (3/97)

P97000087042

A0068031



*Natural Body Harmony, Inc.*

Maria Parks, LMT,CT

MA0028251

5445 Gulf Drive  
New Port Richey, FL 34652  
727-815-8726

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

July 13, 2000

To Whom It May Concern;

I just received a new 2000 Uniform Business Report in the mail this week. I knew that I had completed the form back in April. I went to look at my copy and found that I failed to mail the form in with the check.

As we are a small new corporation, I am asking that you accept this report with the original filing amount, as having to pay \$550.00 will be financially devastating at this point. We are in the process of having to move our location and are temporarily suspending operations due to a severe illness.

If this is not possible, what are my alternatives, as we do not have the financial means at this point to pay the \$550.00?

Thank you for your consideration.

Gordon E. Parks, Jr.  
Vice President