2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State
04-14-2000 90023 013 ***150.00

DOCUMENT # P98000089637

1. Entity Name

NATASCHA LEE'S, INC.

Principal Place of Business	Mailing Address
~~60 WEST PLANT STREET~~	P.O. Box 950
GARDEN FL 34787	~~POST OFFICE BOX 771~~ OAKLAND FL 34760~~-0771~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
60 West Plant St	P.O. Box 950
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Winter Garden	Oakland FL
City & State Fl.	City & State
Zip 34787 Country Orange	Zip 34760 Country Orange

4. FEI Number 59-3563181 ☐ 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
RICHENBERG, NATASCHA LEE ~~17416 MAGNOLIA ISLAND BLVD~~ ~~CLERMONT FL 34711~~	Name: Natascha Lee Richenberg Street Address (P.O. Box Number is Not Acceptable): 60 West Plant St City: Winter Garden FL Zip Code: 34787

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	DPS RICHENBERG, NATASCHA LEE 60 WEST PLANT STREET WINTER GARDEN FL 34787	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT RICHENBERG, WILFRED P 60 WEST PLANT STREET WINTER GARDEN FL 34787	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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: Natascha Lee Richenberg 3-6-00 407-654-1670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #