

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90360 019 ***150.00

DOCUMENT #

P98000089775

1. Entity Name

Naturally Native Tree Co. Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7230 NW 80th Court

3. Mailing Address

7230 NW 80th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Okeechobee, FL

City & State

Okeechobee, FL

4. FEI Number

65-0867799

Applied For

Not Applicable

Zip

34972

Country

Okeechobee

Zip

34972

Country

Okeechobee

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Fulford, Bobby Joe, Sr

Street Address (P.O. Box Number is Not Acceptable)

7230 NW 80th Court

City

Okeechobee

FL

Zip Code

34972

**DO NOT WRITE
IN THIS SPACE**

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

President

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	DP	TITLE	
NAME	Fulford, Bobby J.	NAME	
STREET ADDRESS	7230 NW 80th Ct.	STREET ADDRESS	
CITY-ST-ZIP	Okeechobee, FL. 34972	CITY-ST-ZIP	
TITLE	DVP	TITLE	
NAME	Louthan, John S.	NAME	
STREET ADDRESS	1906 SW 5th Dr.	STREET ADDRESS	
CITY-ST-ZIP	Okeechobee, FL. 34972	CITY-ST-ZIP	
TITLE	DST	TITLE	
NAME	Fulford, Nancy A.	NAME	
STREET ADDRESS	7230 NW 80th Ct.	STREET ADDRESS	
CITY-ST-ZIP	Okeechobee, FL. 34972	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

President

DATE

Daytime Phone #

863-467-5912

CR2E034B (12/01)