FOR PROFIT CORPORATION Uniform business report (UBR)

DOCUMENT#

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

Country Zip Country Zip Country Zip Country Zip Country Cheechobee 31,972 Cheechobee 31,972 Cheechobee 7. Name and Address of Current Registered Agent Name Fulford, Bobby Joe, Sr Street Address (PC) gas furnished agent Name Fulford, Bobby Joe, Sr Street Address (PC) gas furnished agent Name Fulford, Bobby Joe, Sr Street Address (PC) gas furnished agent Name Fulford, Bobby Joe, Sr Street Address (PC) gas furnished agent Name Fulford, Bobby Joe, Sr Street Address (PC) gas furnished agent Name Fulford, Bobby Joe, Sr Street Address (PC) gas furnished agent Name Fulford, Bobby Joe, Sr Street Address (PC) gas furnished agent Name Fulford, Bobby Joe, Sr Street Address (PC) gas furnished agent Name Fulford, Bobby Joe, Sr Street Address (PC) gas furnished agent Name Fulford, Bobby Joe, Sr Street Address (PC) gas furnished agent Name Name Name Name Name Street Address Noth in the State of Florida Name	DOCUI 1. Entity Name	MENT # P980000 Naturally Native	Tree Co. Inc.				03-31-2002 90360 01:		
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The above remained and address of Current Registered Agent Name Fulford, Bobby Joe, Sr Sirect Address (PQ, Box Numps is Not Acceptable) City Okeechobee FL Zip Code 31,972 8. The above remained orbity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE President President In the State of Florida President Signation is eligible to satisfy its intangible Atter May 1, Fee is \$150.00 Atter May 1, Fee is \$150.00 Atter May 1, Fee is \$150.00 Amended URR is \$61.32 Amended URR is \$61.32 The Address of Population of State 11. OFFICERS AND DIRECTORS The State of Population of State 11. OFFICERS AND DIRECTORS The State of Population of State 12. OKee chobee, F1. 31,972 THE DVP NAME Fulford, Nancy A. STRET ADDRESS	Zip	Zip Country Zip			ĺ		Certificate of Status Desired	8.75 Additional	
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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.				<u>u</u>				t - d d 2-d	

nitionated on this report or suppremental report is true and accurate and matrny signature shall have the same legal effect as if made under dain; that I am an officer of direction 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 p) other light empowered.
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SIGNATURE:

863-467-5912