

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

ATX1

FILED

04 MAR -3 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #	P98000089775
1. Entity Name	
NATURALLY NATIVE TREE CO. INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
7230 NW 80TH COURT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
OKEECHOBEE, FL			
Zip	Country	Zip	Country
34972	OKEECHOBEE		

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0867799	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

DO NOT WRITE
IN THIS SPACE

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	Zip Code
OKEECHOBEE	FL 34972

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FULFORD, BOBBY J.
STREET ADDRESS	7230 NW 80TH COURT
CITY-ST-ZIP	OKEECHOBEE, FL. 34972
TITLE	DVP
NAME	LOUTHAN, JOHN S.
STREET ADDRESS	1906 SW 5TH DR.
CITY-ST-ZIP	OKEECHOBEE, FL. 34972
TITLE	DST
NAME	FULFORD, NANCY A.
STREET ADDRESS	7230 NW 80TH COURT
CITY-ST-ZIP	OKEECHOBEE, FL. 34972
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11.

TITLE	NAME
STREET ADDRESS	600029752526
CITY-ST-ZIP	03/03/04--01027--013 **150.00
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY A. FULFORD, SECRETARY

Date

863-467-5912
Daytime Phone #