

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

0605642 AV

DOCUMENT # P98000089775

1. Entity Name

NATURALLY NATIVE TREE CO., INC.



04-14-2003 90033 006 ***150.00

Principal Place of Business

**7230 NW 80TH CT.
OKEECHOBEE FL 34972**

Mailing Address

**7230 NW 80TH CT.
OKEECHOBEE FL 34972**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0867799**

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

**FULFORD, BOBBY JOE SR
7230 NW 80TH COURT
OKEECHOBEE FL 34972**

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	FULFORD, BOBBY L	
STREET ADDRESS	25603 NW 285TH DT	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LOUTHAN, JOHN S	
STREET ADDRESS	1906 SW 5TH DR	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	DST	<input type="checkbox"/> Delete
NAME	FULFORD, NANCY A	
STREET ADDRESS	25603 NW 285TH DR	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy A Fulford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy A. Fulford, Secretary 3/10/03 863-467-5912

Date

Daytime Phone #

CR2E034 (10/02)