

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90019 017 ***550.00

DOCUMENT # P98000095386

1. Entity Name
NATURAL IMAGE, INC.

Principal Place of Business

351 SOUTH CYPRESS RD. SUITE #310
 FIRST UNION BANK BLDG.
 POMPANO BEACH FL 33060

Mailing Address

351 SOUTH CYPRESS RD. SUITE #310
 FIRST UNION BANK BLDG.
 POMPANO BEACH FL 33060

B0157136



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

455 SW-78th Ave
 Suite, Apt. #, etc.

3. Mailing Address

3409 Alba Way
 Suite, Apt. #, etc.

City & State

Plantation

City & State

Deerfield Bch

4. FEI Number **65-0878024**

Applied For
 Not Applicable

Zip **33324**

Country **Broward**

Zip **33442**

Country **Broward**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WELLS, JOHN W
2240 CYPRESS BEND DR #102
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name **John W. Wells**

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

3409 Alba Way

City **Deerfield Beach**

FL

Zip Code **33442**

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

John W. Wells

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE **D** ☐ Delete
 NAME **WELLS, JOHN W**
 STREET ADDRESS **111 N POMPANO BEACH BLVD #1513**
 CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **Wells, John W**
 STREET ADDRESS **3409 Alba Way**
 CITY-ST-ZIP **Deerfield Bch, FL 33442**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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:

John W. Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/02

Date

954-236-0858

Daytime Phone #

CR2E034 (4/02)