

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90337 001 ***150.00

DOCUMENT # P99000059125

1. Entity Name
NATURE'S ART LANDSCAPING INC.

Principal Place of Business

**112 WEST NIPPINO TRAIL
 NOKOMIS, FL 34275**

Mailing Address

**112 WEST NIPPINO TRAIL
 NOKOMIS FL 34275**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0931238**

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

**MALLIEN, MARY
 112 WEST NIPPINO TRAIL
 NOKOMIS FL 34275**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDV** ☐ Delete
 NAME **MALLIEN, MARY**
 STREET ADDRESS **POST OFFICE BOX 314 N/A**
 CITY-ST-ZIP **NOKOMIS FL 34274**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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: *Mary Mallien* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-02 (941) 488-2299

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
Nature's Art Landscaping
Design and Installation

"Nature I loved: and next to Nature, Art"
P.O. Box 314 Nokomis, FL 34274
Ph: 488-2299 fax: 488-9329 cell: 468-3451

P99000059125

7-18-02

Division of Corporation
Uniform Business Report Filings
Tallahassee, FL

Dear Sirs,

Pursuant to a phone call to one of your officers I've enclosed a check for \$150⁰⁰ and have been forgiven the late penalty. I do not recall being sent a notice earlier.

I understand that this grace will not be extended again. Thank you very much for your understanding & help with my tardiness.

Sincerely,

Mary Mallin
President Nature's Art
Landscaping Inc.