

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90105 033 ***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
3641 Jacinto Court
Suite, Apt. #, etc.

3. Mailing Address
3641 Jacinto Court
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Sarasota Florida
Zip
34239
Country
Sarasota

City & State
Sarasota, Florida
Zip
34239
Country
Sarasota

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
Mallien, Mary
Street Address (P.O. Box Number is Not Acceptable)
3641 Jacinto Court
City
Sarasota FL Zip Code
34239

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 *Mary Mallien*
Signature, typed or printed name of registered agent and title if applicable.

Mary Mallien
(NOTE: Registered Agent signature required when reinstating)

3-31-03
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
NAME PDV
STREET ADDRESS MALLIEN, MARY
CITY-ST-ZIP POST OFFICE BOX 314 N/A
NOKOMIS FL 34274

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Mary Mallien*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-03 941-488-2299
Date Daytime Phone #

CR2E034 (10/02)