

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067226

1. Entity Name

THE NATURE OF ART, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90022 002 ***158.75

Principal Place of Business

107 ELEVENTH ST. EAST
TIERRA VERDE FL 33715

Mailing Address

107 ELEVENTH ST. EAST
TIERRA VERDE FL 33715-2208

2. Principal Place of Business

105 8TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

105 8TH AVENUE

Suite, Apt. #, etc.

City & State

ST. PETE BEACH, FL

City & State

ST. PETE BEACH, FL

4. FEI Number

59-3590046

Applied For

Not Applicable

Zip

33706

Country

USA

Zip

33706

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, SANDRA G
107 ELEVENTH ST. EAST
TIERRA VERDE FL 33715

7. Name and Address of New Registered Agent

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.

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, SANDRA G	
STREET ADDRESS	107 ELEVENTH ST. EAST	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, BILL	
STREET ADDRESS	107 ELEVENTH ST. EAST	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LEARY, KATHLEEN	
STREET ADDRESS	107 ELEVENTH ST. EAST	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	601 71ST AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Kathleen K. Leary, SECRETARY/TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN K. LEARY

4/4/00

Date

727-367-5654

Daytime Phone #