

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000069058**

1. Entity Name

**NATURE'S CORNER, INC**



FILED

04 APR -2 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**PO BOX 638**

Suite, Apt. #, etc.

**ODESSA FL**

City & State

**33556**

Zip

Country

**HILLSBOROUGH**

3. Mailing Address

**P.O BOX 638**

Suite, Apt. #, etc.

**ODESSA**

City & State

**FL**

Zip

**33556**

Country

**HILLSBOROUGH**

4. FEI Number

**59-3590990**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**CHRISTINE CHIARITO**

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

**17518 FLORAL ESTATE DR**

**ODESSA**

**FL**

Zip Code

**33556**

**DO NOT WRITE  
IN THIS SPACE**

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

**Christine Chiarito Pres**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/30/04**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
CHRISTINE CHIARITO  
17518 FLORAL ESTATE DR  
ODESSA FL 33556**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PANCY BIVONA  
17511 FLORAL ESTATE DR  
ODESSA FL 33556**

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Christine Chiarito**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/04 813 7922558**

Date

Daytime Phone #

CR2E034B (12/02)