

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085634

1. Entity Name  
AT NATURALS, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90028 010 \*\*\*150.00

Principal Place of Business  
811 E. MARSAILLE DR.  
INDIALANTIC FL 32903

Mailing Address  
811 E. MARSAILLE DR.  
INDIALANTIC FL 32903-2020

2. Principal Place of Business  
811 E MARSAILLE DR

3. Mailing Address  
SAME

Suite, Apt. #, etc.  
E

Suite, Apt. #, etc.

City & State  
INDIALANTIC, FLA.

City & State

Zip  
32903

Country  
BREVARD

Zip

Country

4. FEI Number  
59-359938

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

NABORS, ANTHONY T  
811 E. MARSAILLE DR.  
INDIALANTIC FL 32903

## 7. Name and Address of New Registered Agent

Name  
ANTHONY T. NABORS

Street Address (P.O. Box Number is Not Acceptable)  
811 E MARSAILLE DR

City  
INDIALANTIC

FL

Zip Code  
32903

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 ANTHONY T. NABORS ANTHONY T. NABORS 5-1-00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
NABORS, ANTHONY T  
811 E. MARSAILLE DR.  
INDIALANTIC FL 32903

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
NABORS, BARBARA I  
811 E. MARSAILLE DR.  
INDIALANTIC FL 32903

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
GARRISON, ROBERT  
44 LORDS HWY.  
WESTON CN 06883

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
CARRERA, CAROL A  
2105 PLUMOSA WAY  
INDIALANTIC FL 32903

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

SAME

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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: ANTHONY T. NABORS - PRESIDENT 5-1-2000 (321-777-2481)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)