

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000107029**

1. Entity Name

NATURE'S FOCUS, INC.**FILED**
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90060 040 ***150.00

Principal Place of Business

Mailing Address

**6225 - 13TH AVE. SOUTH
GULFPORT FL 33707****6225 - 13TH AVE. SOUTH
GULFPORT FL 33707**

2. Principal Place of Business

3. Mailing Address

11218 Park Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Seminole, FL

Zip

USA

Zip

Country

4. FEI Number

59-3617441

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

**ANSCHUETZ, DAVID
6225 - 13TH AVE. SOUTH
GULFPORT FL 33707**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	JANET ANSCHUETZ	<input type="checkbox"/> Delete
NAME	PRESIDENT	
STREET ADDRESS	6225-13 AVE. SO.	
CITY-ST-ZIP	GULFPORT, FL 33707	

TITLE	V.P.	<input type="checkbox"/> Delete
NAME	DAVID ANSCHUETZ	
STREET ADDRESS	6225-13 AVE. SO.	
CITY-ST-ZIP	GULFPORT, FL 33707	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

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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: **David R. Anschuetz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID R. ANSCHUETZ**3-6-00**

Date

727-393-8110

Daytime Phone #

CR2E034 (9/99)