

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90207 024 ***150.00

DOCUMENT # S87318

1. Entity Name
NATURAL SCIENTIFIC, INC.

Principal Place of Business

**5486 FAIRCHILD ROAD
 CRESTVIEW FL 32536**

Mailing Address

**P.O. BOX 5188
 NICEVILLE FL 32578
 US**

00002071



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3091825**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SANDERS, JEAN S
 1212 OAKMOUNT DR
 NICEVILLE FL 32578**

7. Name and Address of New Registered Agent

Name **Jean S. Sanders**
 Street Address (P.O. Box Number is Not Acceptable) **1638 Parkside Circle**
 City **Niceville** FL Zip Code **32578**

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 *Jean Sanders*
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/7/02
 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, 2002 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	P	<input type="checkbox"/> Delete
NAME	SANDERS, JEAN S.	
STREET ADDRESS	1212 OAKMOUNT DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	C	<input type="checkbox"/> Delete
NAME	SHANKLIN, CHARLES E	
STREET ADDRESS	PO BOX 1531	
CITY-ST-ZIP	VIEQUES PR 00765	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SHANKLIN, CHARLES R	
STREET ADDRESS	1763 OSPREY COVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
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	Jean Sanders	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean Sanders	
STREET ADDRESS	1638 Parkside Circle	
CITY-ST-ZIP	Niceville FL 32578	
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		
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: *Jean Sanders*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 **850-897-4002**
 Date Daytime Phone #

CR2E034 (9/01)