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2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V12294

1. Entity Name

NATURE BY DESIGN, INC.

FILED Feb 05, 2000 8:00 am Secretary of State

02-05-2000 90031 033 ***150 00

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Principal Place of Business 5225 SILO RD		Mailing Address 5225 SILO RD			_			
ST AUGUSTINE FL :	32092	ST AUGUSTINE FL 32092-0	0657			-		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, e	10	Suite, Apt. #, etc.			_	DO NOT WRITE II	N THIS SPACE	
City & State		City & State			4. FE! Number 59-3114388 Applied For Not Applied For			
Zip Country		Zip Country		ry	5. (dditional
	. Name and Address of Current F	legistered Agent		=	7. <u>-</u> N	ame and Address of New Regi		
W500 L	20th IC		Į	Name				
WEBB LO 5225 SIL				Street Address	s (P.O. B	ox Number is Not Acceptable)		
	JSTINE FL 32086		[
				City	-		FL Zip Co	ode
8. The above nan	ned entity submits this statement for	the purpose of changing its	s registere	d office or regist	ered age	ent, or both, in the State of Florida	<u> </u>	
SIGNATURE Sign	ature, typed or printed name of registered agent ar	nd title if applicable. (NO	TE: Registered	Agent signature requi	red when re	nstating)	DATE	
'	on is eligible to satisfy its Intangible	FILE NOW				10. Election Campaign Financ	ing \$5 .	. 00 May Be
Tax filing requi (See criteria o	irement and elects to do so. n back)	After MAY 1, 2 Make Check Paya				Trust Fund Contribution.		ed to Fees
11.	OFFICERS AND D	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 11
TITLE D	EBB, LORAINE	☐ Delete	TITLE NAME	l l			☐ Change	P
	25 SILO RD			T ADDRESS				
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STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	E. About About Conference (Conference Conference Confer	this filling place and according		ST-ZIP	Continu	(40.07/2)/() Florida Cratinas (1)	thou postifications at	internation
is. I nereby certif	fy that the information supplied with this report or supplemental report is	unis ming does not qualify fo	or the exen	nption stated in t	Section 1	r ia.u/(a)(i), riorida Statutes. I fufi	uter certify that the	iniormation

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-00

904 797 163

Daytime Phone #