

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 08:00 AM
Secretary of State

DOCUMENT # A28847

1. Entity Name
NATIONAL DEVELOPERS, LTD.

Principal Place of Business 2202 33RD STREET ORLANDO FL 32839	Mailing Address 1909 BOBTAIL DRIVE ORLANDO FL 32810
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1909 BOBTAIL DRIVE Suite, Apt. #, etc.
City & State Zip	City & State MAITLAND FL Zip 32751

4. FEI Number
59-2967254

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POZO JOE JR.
1909 BOBTAIL DRIVE

ORLANDO FL 32810 US

7. Name and Address of New Registered Agent

Name POZO JOE JR.
Street Address (P.O. Box Number is Not Acceptable) 1909 BOBTAIL DRIVE
City MAITLAND FL
Zip Code 32751

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 _____ DATE **01/29/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **288.00**

10. Amount of Capital Contributions in FLORIDA to date. **288.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	P.A.P., INC.
STREET ADDRESS	1909 BOBTAIL DRIVE
CITY-ST-ZIP	ORLANDO FL 32810
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: JOE POZO, P.A.P. INC. GP **01/29/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)