

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90056 028 ***150.00

DOCUMENT # P02000115083

1. Entity Name
NATIVE SUN LANDSCAPES, INC.



Principal Place of Business
**6100 12TH AVENUE SW
NAPLES FL 34116**

Mailing Address
**6100 12TH AVENUE SW
NAPLES FL 34116**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

81-0575875

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, MCARTHUR
6100 12TH AVENUE SW
NAPLES FL 34116**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD WILLIAMS, MCARTHUR	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6100 12TH AVENUE SW NAPLES FL 34116	
TITLE NAME	VD TOLLETT, LARRY JR.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5711 12TH AVENUE SW NAPLES FL 34116	
TITLE NAME	TD WILLIAMS, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6100 12TH AVENUE SW NAPLES FL 34116	
TITLE NAME	SD TOLLETT, KELLY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5711 12TH AVENUE SW NAPLES FL 34116	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M. Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-2003

239-455-0133

Date

Daytime Phone #

CR2E034 (10/02)