

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027238

1. Entity Name

NATIVE SUN BUILDERS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90137 008 ***150.00

Principal Place of Business

9506 SO RED ROAD
MIAMI FL 33156

Mailing Address

9506 SO RED ROAD
MIAMI FL 33156-2138

2. Principal Place of Business

11446 NW 11th PL.

3. Mailing Address

11446 NW 11th PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
OCALA, FLORIDA

City & State
OCALA, FLORIDA

4. FEI Number 59-3439994

Applied For
Not Applicable

Zip
34482

Country
USA

Zip
34482

Country
USA

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

RASMUSSEN, SANDRA
9506 SO RED ROAD
MIAMI FL 33156

Correct spelling RASMUSSEN, SANDRA

Street Address (P.O. Box Number is Not Acceptable)
11446 NW 11th PLACE

City Ocala FL Zip Code 34482

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	D	<input type="checkbox"/> Delete
NAME	RASMUSSEN, SANDRA	
STREET ADDRESS	9506 SO RED ROAD	
CITY-ST-ZIP	MIAMI FL 33156	
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
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASMUSSEN, SANDRA	
STREET ADDRESS	11446 NW 11 th PLACE	
CITY-ST-ZIP	OCALA, FL. 34482	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Sandra Rasmussen* SANDRA RASMUSSEN 4/12/2000 352-895-3685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)