

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1909 BOBTAIL DRIVE
Suite, Apt. #, etc.

City & State
City & State
MAITLAND FL

Zip
Country
32751

4. FEI Number
59-2967254
Applied For
Not Applicable

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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|--------------------|--------------------------|--|
| DOCUMENT # | | STREET ADDRESS | |
| NAME | P.A.P., INC. | CITY-ST-ZIP | |
| STREET ADDRESS | 1909 BOBTAIL DRIVE | | |
| CITY-ST-ZIP | ORLANDO FL 32810 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
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| NAME | | 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)