

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91783 026 ***150.00

DOCUMENT # J20110

1. Entity Name
NATIVE DEVELOPMENT, INC.

Principal Place of Business 255 COREY AVE % PAUL J SKIPPER (P.O. BOX 67128) ST. PETERSBURG BCH FL 33706-1818	Mailing Address 255 COREY AVE % PAUL J SKIPPER (P.O. BOX 67128) ST. PETERSBURG BCH FL 33706-1818
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80118826



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2707426		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent SKIPPER, PAUL J. 255 COREY AVE. ST. PETERSBURG BCH. FL 33736				7. Name and Address of New Registered Agent Name Leonard Englander Street Address (P.O. Box Number is Not Acceptable) 721 First Avenue N City St. Petersburg FL Zip Code 33702			
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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 Leonard Englander **April 26, 2002**
Signature, typed or printed name of registered agent and title if applicable (NOT 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, 2002 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	PD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKIPPER, PAUL J.			NAME			
STREET ADDRESS	255 COREY AVE.			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG BCH FL			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLINGEL, JOE			NAME			
STREET ADDRESS	255 COREY AVE.			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG BCH FL			CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IRWIN, MICHAEL T			NAME			
STREET ADDRESS	255 COREY AVE			STREET ADDRESS			
CITY-ST-ZIP	ST PETE BEACH FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Leonard Englander **APRIL 26, 2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)