2003 FOR PROFIT CORPORATION

changed, or on an attachr

SIGNATURE:

May 02, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** J20110 **DOCUMENT #** 05-02-2003 90205 045 ***150.00 1. Entity Name NATIVE DEVELOPMENT, INC. Principal Place of Business Mailing Address 255 COREY AVE 255 COREY AVE % PAUL J SKIPPER (P.O. BOX 67128) % PAUL J SKIPPER (P.O. BOX 67128) ST. PETERSBURG BCH FL 33706-1818 ST. PETERSBURG BCH FL 33706-1818 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number St. Pete Beach FL St. Pete Beach FL 59-2707426 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Joseph W. Klingel SKIPPER, PAUL J. Street Address (P.O. Box Number is Not Acceptable) 255 COREY AVE. 255 Corey Avenue ST. PETERSBURG BCH. FL 33736 St. Pete Beach 8. The above named entity submits this statement in 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 X Delete TITLE TITLE Change ☐ Addition SKIPPER, PAUL J. NAME NAME 255 COREY AVE. STREET ADDRESS STREET ADDRESS ST. PETERSBURG BCH FL CITY-ST-ZIP CITY-ST-ZIP St. Pete Beach FL 33706 STD TITLE TITLE Delete ☐ Addition Change **PSTD** KLINGEL, JOE NAME NAME STREET ADDRESS 255 COREY AVE. STREET ADDRESS St. Pete Beach FL 33706 CITY-ST-ZIF ST. PETERSBURG BCH FL CITY-ST-ZIP X Delete TITLE - Change Addition TITLE - ---NAME IRWIN, MICHAEL T STREET ADDRESS 255 COREY AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETE BEACH FL TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this indicated on this report of supplemental report is true of the corporation or the received and the corporation or the received supplemental report is true. A qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information na does te and that my signature shall have the same legal effect as if made under oath; that I am an officer or director be this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Joseph W. Klingel Raukxxxxkkineer