

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-21-2003 90227 003 ***150.00

DOCUMENT # L41773

1. Entity Name
NATIVE PROPERTY MANAGEMENT INC.



Principal Place of Business
**3216 COLLEE COURT
NAPLES FL 33962**

Mailing Address
**C/O FOSTH ACCOUNTING PA
1008 GOODLEHE RD #201
NAPLES FL 34102**



2. Principal Place of Business*

3. Mailing Address

1008 GOODLEHE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

City & State

City & State

NAPLES

FL

Zip

Country

Zip

34102

Country

USA

4. FEI Number

65-0249160

Applied For

Not Applicable

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

**FOSTH, CATHERINE M.
1008 GOODLEHE RD #201
NAPLES FL 34102**

Name

Street Address (P.O. Box Number is Not Acceptable)

1008 GOODLEHE RD #201

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
STREET ADDRESS
CITY-ST-ZIP
**PSD
KYLE, MARK W.
3216 COLLEE CT.
NAPLES FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Mark Kyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-03

239-435-7336

CR2E034 (10/02)