

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # **0000000 94133**

1. Entity Name

Native Enterprises Inc.

FILED

02 APR -5 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

626 Palm Court (Home)

3. Mailing Address

P.O. Box # 126

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc. **N/A**

Suite, Apt. #, etc. **N/A**

City & State **Goodland, Florida**

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4. FEI Number **59-3678387**

Applied For
Not Applicable

Zip **34140** Country **USA**

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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Thomas A. Gead, C.P.A., P.A.**

Street Address (P.O. Box Number Is Not Acceptable) **300 South Pine Island Road, Suite #227**

City **Plantation, Florida** Zip Code **33324**

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

N/A

Signature, typed or printed name of registered agent and this if applicable.

(NOTE: Registered Agent Signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

10. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	Joseph E. Curcio
STREET ADDRESS	P.O. Box #126
CITY-STATE-ZIP	Goodland, FL #34140
TITLE	Director
NAME	(SAME AS ABOVE)
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
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NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

15. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered

Joseph E. Curcio, Joseph E. Curcio, officer + director, 3/29/02, pl. # (239) 394-3207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Native Enterprises Inc.

**P. O. Box #126
Goodland, Fla. #34140
(239) 394-3207 Office
(239) 394-7333 Fax**

3/29/02

Florida Department of State – Division of Corporations
P. O. Box #1500
Tallahassee, FL #32302-1500

Florida Department of State:

My name is Joseph E. Curcie. I am the Director and President of Native Enterprises Inc.

This Corporation was dissolved 9/21/01 for failure to file a 2001 report. I would like for this Corporation to be reinstated please.

I am asking that you waive the \$900.00 fee because I did not receive your Uniform Business Report Form in January of 2001. or in January of 2002 for that matter, probably because this Corporation was dissolved 9/21/01.

Included is a check in the amount of \$300.00 for the 2001 filing and reinstatement.

I would also like to have a Document Number and Electronic Access Code number so I can file the report electronically for the year 2002, before the deadline of 5/1/02 I believe.

Please contact me if you have any questions please.

Sincerely;



J. E. Curcie, President
Native Enterprises Inc.