

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90038 038 ***150.00

DOCUMENT # P01000027859

1. Entity Name

Native Design Solutions

DO NOT WRITE IN THIS SPACE

427413

2. Principal Place of Business

1003 S. Kirkman Rd.

Suite, Apt. #, etc.

2003

City & State

Orlando FL

Zip

32811

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

Country

4. FEI Number

59-3707137

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Krista S. Gates

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

1003 S. Kirkman Rd

#2003

City

Orlando

FL

Zip Code

32811

**DO NOT WRITE
IN THIS SPACE**

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

Krista S. Gates President Krista S. Gates 2/25/02

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

(NOTE: 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME

President
Krista S. Gates
1338 S. Hiwassee Rd #117
Orlando FL 32835

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

Krista S. Gates President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/02 407-521-1576

DATE

DAYTIME PHONE #

CR02048 (12/01)