

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 91202 036 ***150.00

DOCUMENT # P02000026830

1. Entity Name
NATIVE WYND FARMS, INC.



Principal Place of Business
19300 DONNA DR.
NORTH FT. MYERS FL 33917

Mailing Address
19300 DONNA DR.
NORTH FT. MYERS FL 33917

2. Principal Place of Business
19300 DONNA DR
Suite, Apt. #, etc.

3. Mailing Address
19300 DONNA DR
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
North Fort Myers Florida
Zip 33917 Country LEE

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North Fort Myers Florida
Zip 33917 Country LEE

4. FEI Number
03-0411368

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

MCDONALD, DOUGLAS
19300 DONNA DR.
NORTH FT. MYERS FL 33917

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$350.00
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
D MCDONALD, DOUGLAS H
19300 DONNA DR.
NORTH FT. MYERS FL 33917 ☐ Delete

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP ☐ Change ☐ Addition

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP ☐ Delete

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP ☐ Change ☐ Addition

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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: Douglas H McDonald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03

239-275-7766

Date Daytime Phone #

CR2E034 (10/02)