FILED
Jan 29, 2004 8:00 am
Secretary of State
01-29-2004 90075 031 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000148482

1. Entity Name

NATIVE HOMES MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

94006170

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2. Principal Place of Business	3. Mailing Address
3020 EMERSON DRIVE SE	3020 EMERSON DRIVE SE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BAY FL	City & State: PALM BAY FL
Zip: 32909 Country: USA	Zip: 32909 Country: USA

4. FEI Number 20-0506196 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**

Name: WILLIAM KIRST

Street Address (P.O. Box Number is Not Acceptable): 3020 EMERSON DRIVE SE

City: PALM BAY FL Zip Code: 32909

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: Bill Kirst — Registered Agent — 1-27-04
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	D/P/S/T/	TITLE	
NAME	Kirst, William	NAME	
STREET ADDRESS	3020 Emerson Drive SE, Palm Bay, FL 32909	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Bill Kirst — President — 1-27-04 — 321 728 4288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #