

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082964

1. Entity Name

NATIVE EXPERIENCE, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90007 034 ***150.00

Principal Place of Business

18550 ROSEWOOD RD
FT MYERS FL 33912
US

Mailing Address

PO BOX 243
ESTERO FL 33928-0243
US

2. Principal Place of Business

18011 S TAMiami Trail

3. Mailing Address

Suite, Apt. #, etc.

16

Suite, Apt. #, etc.

City & State

Fort Myers FL

City & State

Zip
33908

Country
LEE

Zip

Country

4. FEI Number

65-0535065

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHN E. RYAN
17941 BERMUDA DUNES DRIVE
FT. MYERS FL 33912

7. Name and Address of New Registered Agent

Name

Tracy Kustra

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

18011 S. TAMiami Trail #16

PMB 100

City

Fort Myers

FL

Zip Code

33908

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	KUSTRA, DAVID E	
STREET ADDRESS	18550 ROSEWOOD ROAD	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	RYAN, MICHAEL P	
STREET ADDRESS	11115 LAKELAND CIRCLE	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	18011 S TAMiami Trail #16	
CITY-ST-ZIP	Fort Myers FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

David E Kustra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)