

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90002 030 ***150.00

DOCUMENT # P99000096730

1. Entity Name
NATIVE GROUP, INC.

Principal Place of Business
**1804 18TH ST. CT. EAST
 PALMETTO FL 34211**

Mailing Address
**P. O BOX 1124
 PALMETTO FL 34221**

642643



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 1124

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palmetto FL

4. FEI Number **65-0998845**

Applied For
 Not Applicable

Zip

Country

34220-1124 Manatee

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

**HOLLOWAY, WALTER
 1804 18TH STREET COURT EAST
 PALMETTO FL 34221**

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.

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HOLLOWAY, WALTER**
 CITY-ST-ZIP **1804 18TH ST. CT. EAST
 PALMETTO FL 34221**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WATERS, FRED**
 CITY-ST-ZIP **1804 18TH ST. CT. EAST
 PALMETTO FL 34221**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PATE, JAMES JR.**
 CITY-ST-ZIP **1804 18TH ST. CT. EAST
 PALMETTO FL 34221**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-01 722-3909

CR2E034 (10/00)