2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000096730

Entity Name: NATIVE GROUP, INC

PATE, JAMES JR.

1804 18TH ST. CT. EAST

PALMETTO, FL 34221

Name:

Address: City-St-Zip: FILED Apr 29, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1804 18TH ST. CT. EAST 403 15TH STREET WEST PALMETTO, FL 34211 PALMETTO, FL 34211 **Current Mailing Address: New Mailing Address:** P O BOX 1124 P O BOX 1124 PALMETTO, FL 342201128 PALMETTO, FL 342201124 FEI Number: 65-0998845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOLLOWAY, WALTER 1804 18TH STREET COURT EAST PALMETTO, FL 34221 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HOLLOWAY, WALTER Name: Name: 1804 18TH ST. CT. EAST Address: Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: () Delete Title: Title: (X) Change () Addition Name: WATERS, FRED Name: WATERS, FRED 1804 18TH ST. CT. EAST 403 15TH STREET WEST Address: Address: PALMETTO, FL 34221 PALMETTO, FL 34221 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: FRED WATERS D 04/29/2002