

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90114 030 ***150.00

DOCUMENT # **V00599**

1. Entity Name

NATIONAL RETAIL CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7110 DAVIS CREEK ROAD

Suite, Apt. #, etc.

3. Mailing Address

7110 DAVIS CREEK ROAD

Suite, Apt. #, etc.

City & State

JACKSONVILLE FLA.

City & State

JACKSONVILLE FLA

4. FEI Number

59-3096808

Applied For

Not Applicable

Zip

32256

Country

USA

Zip

32256

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CHATKEWITZ, AL

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

7110 DAVIS CREEK ROAD

City

JACKSONVILLE

FL

Zip Code

32256

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **D**
NAME **WATSON FRANK**
STREET ADDRESS **7110 DAVIS CREEK ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **CHATKEWITZ ALEXANDER G.**
STREET ADDRESS **7110 DAVIS CREEK ROAD**
CITY-ST-ZIP **JACKSONVILLE FL. 32256**

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

A. G. CHATKEWITZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

Date

904-292-2855

Daytime Phone #

CR2E034B (12/02)