

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000004141

FILED  
Apr 23, 2002 8:00 AM  
Secretary of State

Entity Name: NLS ENTERPRISES, INC.

## Current Principal Place of Business:

2170 MARKHAM WOODS RD.  
LONGWOOD, FL 32779

## New Principal Place of Business:

801 WEST HIGHWAY 436  
2151  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

P.O. BOX 160039  
ALTAMONTE SPRINGS, FL 32716

## New Mailing Address:

P.O. BOX 160674  
ALTAMONTE SPRINGS, FL 32716

FEI Number: 59-3659696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARQUEZ-PEIMAN, SARAH  
124 HIDDEN OAK DRIVE  
LONGWOOD, FL 32779 US

## Name and Address of New Registered Agent:

MARQUEZ, SARAH  
801 WEST HIGHWAY 436  
2151  
ALTAMONTE SPRINGS, FL 32716 US

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: SARAH MARQUEZ

04/23/2002

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:

Title: P ( ) Delete  
Name: MARQUEZ-PEIMAN, SARAH  
Address: 2170 MARKHAM WOODS RD.  
City-St-Zip: LONGWOOD, FL 32779

Title: VCD ( ) Delete  
Name: PEIMAN, NEIL  
Address: 2170 MARKHAM WOODS RD.  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MARQUEZ, SARAH  
Address: P.O. BOX 160674  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: VP (X) Change ( ) Addition  
Name: PEIMAN, NEIL M  
Address: P.O. BOX 160039  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

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.

SIGNATURE: SARAH MARQUEZ

P

04/23/2002

Electronic Signature of Signing Officer or Director

Date