FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90127 035 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000069884

1. Entity Name
NISSI CREATIONS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
FLORIDA	14858 HORSESHOE TR
Suite, Apt #, etc	Suite Apt #, etc
City & State: WELLINGTON FL	City & State: SAME
Zip 33414 County PALM BEACH	Zip 33414 County PALM BEACH

DO NOT WRITE IN THIS SPACE

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: TROY TINNER

Street Address (P.O. Box Number is Not Acceptable): 14858 HORSESHOE TR

City: WELLINGTON FL Zip Code: 33414

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Amount Enclosed: $150.00
Filing Fee: $35.00
Certificate: $8.75
Certified Copy: $52.50
Additional Copy Required: $43.75
Make Checks 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	PRESIDENT
NAME	TROY TINNER
STREET ADDRESS	14858 HORSESHOE TR
CITY-ST-ZIP	
TITLE	VP
NAME	LINDA CHRISTINE TINNER
STREET ADDRESS	14858 HORSESHOE TR
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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: _____ 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

801094164
P02000069884

2716 MURPHY DRIVE
BEDFORD, TEXAS 76021
Phone: 817-545-0532
Fax: 817-545-0584

DARYL GROUND & CO., INC.

Fax

To: TROY TURNER **From:** Daryl Ground

Fax: 561-798-0830 **Date:** 4-25-03

Phone: **Pages:**

Re: **CC:**

☐ Urgent ☐ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

Comments:

Sign Line 8 & Line 12 & Title (Pres

Write Check FOR 150.00 MADE Payable To
FLORIDA Dept of State.

Mail To

UNIFORM BUSINESS REPORT
DIVISION of CORPORATIONS
P.O. Box 1500
TALLAHASSEE FL 32302-1500