2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000034130

1. Entity Name
NEMO CREDIT CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 16 PM 6:59

Principal Place of Business	Mailing Address
1551 VIA TUSCANY WINTER PARK FL 32789	1551 VIA TUSCANY WINTER PARK FL 32789

2. Principal Place of Business	3. Mailing Address
815 Lake Evalyn Drive	815 Lake Evalyn Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Celebration, FL	City & State: Celebration, FL
Zip: 34747 Country: USA	Zip: 34747 Country: USA

REINSTATEMENT

DO NOT WRITE IN THIS SPACE 00

4. FEI Number 65-0414990 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REEF MANAGEMENT CORP
9 BARRACUDA LN
KEY LARGO FL 33037

7. Name and Address of New Registered Agent

Name: Stephen C. Rabbitt
Street Address (P.O. Box Number is Not Acceptable): 815 Lake Evalyn Drive
City: Celebration **FL** Zip Code: 34747

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 X [signature] Stephen C. Rabbitt X 10-11-00
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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D RABBIT, STEPHEN C 1551 VIA TUSCANY WINTER PARK FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 815 Lake Evalyn Drive Celebration, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800003440678--7 -10/26/00--01069--020 ****750.00 ****750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/00)

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: X SIGNATURE REQUIRED Stephen C. Rabbitt X 10-11-00 X 407-566-8808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #