

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90008 047 ***150.00

DOCUMENT # P97000103010

1. Entity Name
NINETEEN, INC.

Principal Place of Business
830 N WALKMAN RD
#8
MELBOURNE FL 32935
US

Mailing Address
BOX 1947
MELBOURNE FL 32902
US

2. Principal Place of Business
1189 JOHNSON ST.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Melbourne, FL

City & State
 Suite, Apt. #, etc.

4. FEI Number **59-3492845** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
KOSS, IAN M
1189 JOHNSON STREET
MELBOURNE FL 32935

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *[Signature]* **Ian Koss, President** DATE **2/23/01**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NEW UBR \$100.00**
 After MAY 15, 2001, fees will be \$250.00.
 Make checks 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 KOSS, IAN M 1189 JOHNSON STREET MELBOURNE FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 officers empowered.

SIGNATURE: *[Signature]* **IAN KOSS** DATE **2/23/01** 321-212-4476
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

INK NINETEEN

Florida Dept. of State

59-3492645
Account Detail

2658

02.23.2001

6-6440 Permits and Licenses

~~150.00~~ 002658

\$150.00

Attachment

#PA 7000163010

D00003382

INK NINETEEN

Florida Dept. of State

59-3492645
Account Detail

2658

02.23.2001

6-6440 Permits and Licenses

~~150.00~~ 002658

\$150.00

\$150.00



MULTI-USE CHECK

D09181R

REORDER FROM NADIPFORMS, INC. 301 GROVE ROAD, THORNSHIRE, N.J. 08086-9499

CALL TOLL FREE 800-357-4334; FAX 800-451-8113

0587

139754PA