

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90377 018 ***550.00

DOCUMENT # P96000101061

1. Entity Name
SEVEN NATIONS, INC.

Principal Place of Business

**6238 BLUE CLAY CT.
 ORLANDO FL 32819**

Mailing Address

~~6238 BLUE CLAY CT.
 ORLANDO FL 32819~~

2. Principal Place of Business

3. Mailing Address

P.O. Box 770926

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ORLANDO FL

4. FEI Number

59-3449288

Applied For

Not Applicable

Zip

Country

Zip
32877-0926

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCLEOD, KIRK A
 6238 BLUE CLAY CT.
 ORLANDO FL 32819**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Kirk McLeod

KIRK MCLEOD

7-2-02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	PD MCLEOD, KIRK	<input type="checkbox"/> Delete
STREET ADDRESS	7680 UNIVERSAL BLVD, STE 565	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE NAME	D STRUBLE, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	7680 UNIVERSAL BLVD, STE 565	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PD KIRK McLeod	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6238 BLUE CLAY CT.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE NAME	D JAMES STRUBLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2587 SIGMA CT	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Kirk McLeod* SIGNATURE REQUIRED **KIRK MCLEOD** 7/2/02 407 856 8987
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)