

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001407

**FILED**  
**Mar 22, 2013**  
**Secretary of State**  
**CC3432837764**

**Entity Name:** NEBRASKA BUSINESS CENTER II OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

13759 N. NEBRASKA AVE.  
TAMPA, FL 33613

**Current Mailing Address:**

P.O. BOX 290624  
TEMPLE TERRACE, FL 33687

**FEI Number: 33-1203078**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CFRA, LLC  
100 S. ASHLEY DR.  
SUITE 400  
TAMPA, FL 33602 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name JACKSON, SR., STANLEY H  
Address 13759 N. NEBRASKA AVE.  
City-State-Zip: TAMPS FL 33613

Title DS  
Name JACKSON, JR., STANLEY H  
Address 13759 N. NEBRASKA AVE.  
City-State-Zip: TAMPA FL 33613

Title DT  
Name JACKSON, LINDA A  
Address 13759 N. NEBRASKA AVE.  
City-State-Zip: TAMPA FL 33613

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JACKSON, SR., STANLEY H**

**DP**

**03/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date