

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 27, 2000 8:00 am  
Secretary of State

01-27-2000 90070 007 \*\*\*150.00

DOCUMENT # 509623

1. Entity Name

NNN, INCORPORATED

Principal Place of Business

785 N. BAYSHORE DR.  
SAFETY HARBOR FL 34695  
US

Mailing Address

785 N. BAYSHORE DR.  
SAFETY HARBOR FL 34695-3131  
US

2. Principal Place of Business

SAFETY HARBOR  
Suite, Apt. #, etc. Same

3. Mailing Address

Suite, Apt. #, etc. Same

City & State

Safety Harbor  
Zip 34695 Country Pinellas

City & State

Same  
Zip Country

4. FEI Number

59-1684336

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEVNANI, S  
785 N. BAYSHORE DR.  
SAFETY HARBOR FL 34695

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

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, 2000 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 PCD ☐ Delete

NAME DEVNANI, SALU  
STREET ADDRESS 785 N. BAYSHORE DR.  
CITY-ST-ZIP SAFETY HARBOR FL

TITLE ☐ Change ☐ Addition

TITLE SDV ☐ Delete

NAME DEVANI, SUSANNE A  
STREET ADDRESS 785 N. BAYSHORE DR.  
CITY-ST-ZIP SAFETY HARBOR FL

TITLE ☒ Change ☐ Addition

SUSANNE DEVNANI.  
(misspelled)

TITLE V ☐ Delete

NAME NIMMO, NATASHA D  
STREET ADDRESS 785 N. BAYSHORE DR.  
CITY-ST-ZIP SAFETY HARBOR FL

TITLE ☐ Change ☐ Addition

TITLE DVT ☐ Delete

NAME GREGOR, NINA  
STREET ADDRESS 785 N. BAYSHORE DR.  
CITY-ST-ZIP SAFETY HARBOR FL

TITLE ☐ Change ☐ Addition

TITLE VD ☐ Delete

NAME DEVNANI, NIKOLAI  
STREET ADDRESS 785 N. BAYSHORE DR.  
CITY-ST-ZIP SAFETY HARBOR FL

TITLE ☐ Change ☐ Addition

TITLE VD ☒ Delete

NAME DEVNANI, SALU  
STREET ADDRESS 785 N BAYSHORE DR  
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE ☐ Change ☒ Addition

PAPAN DEVNANI.  
785 N. Bayshore Dr. ne  
Safety Harbor FL 34695

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/2000

Daytime Phone #

727-7264101

CR2E034 (9/99)