

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 531841

1. Entity Name
NUMA CORP.FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90076 047 ***150.00

0091878 AV

Principal Place of Business

2290 N CR 427
UNIT 136
LONGWOOD FL 32750
US

Mailing Address

P O BOX 952379
LAKE MARY FL 32795-2379
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1755727

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WILLIAMS, RICHARD E.
3715 WIMBLEDON DR
LAKE MARY FL 32746

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, 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CDT	<input type="checkbox"/> Delete
NAME	WILLIAMS, RICHARD E.	
STREET ADDRESS	3715 WIMBLEDON DR	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	PDS	<input type="checkbox"/> Delete
NAME	CLOUGH, ERNEST F	
STREET ADDRESS	1280 N. MARYLAND STREET	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WILLIAMS, RICHARD K.	
STREET ADDRESS	1710 BLUEGATE COURT	
CITY-ST-ZIP	FORT COLLINS CO 80526	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNDSON, KAREN W	
STREET ADDRESS	14875 TAYLOR ROAD	
CITY-ST-ZIP	ALPHARETTA GA 30004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2290 North CR 427, Unit 136	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2290 North CR 427, Unit 136	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2290 North CR 427, Unit 136	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2290 North CR 427, Unit 136	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

Ernest F. Clough, President

3/19/02

(407) 331-1666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)