

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91881 019 ***150.00

DOCUMENT # 531841

1. Entity Name
NUMA CORP.



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
2290 N. Ronald Reagan Blvd.
Suite, Apt. #, etc.
Unit 136

3. Mailing Address
6279 Hidden Springs Road
Suite, Apt. #, etc.

City & State
Longwood, FL

City & State
Ft. Collins, CO

4. FEI Number 59-1755727

Applied For
Not Applicable

Zip 32750 Country US

Zip 80526 Country US

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CDT	<input type="checkbox"/> Delete
NAME	WILLIAMS, RICHARD E.	
STREET ADDRESS	2290 NORTH CR 427 UNIT 136	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CLOUGH, ERNEST F	
STREET ADDRESS	2290 NORTH CR 427 UNIT 136	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WILLIAMS, RICHARD K.	
STREET ADDRESS	2290 NORTH CR 427 UNIT 136	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BERNDSON, KAREN W	
STREET ADDRESS	2290 NORTH CR 427, UNIT 136	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2290 N. Ronald Reagan Blvd., Unit 136
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2290 N. Ronald Reagan Blvd., Unit 136
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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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	

12. 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 10 or Block 11 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

Ernest F. Clough, President 4/17/03 (407) 331-1666

Date

Daytime Phone #

CR2E034 (10/02)