

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90221 029 ***150.00

DOCUMENT # 577566

1. Entity Name
N & N ASSOCIATES, INC.



Principal Place of Business
**1789 DESOTO ROAD
SARASOTA FL 34234
US**

Mailing Address
**P O BOX 3042
SARASOTA FL 34230
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 **59-1847178**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DINSKY, NORMAN M
3908 COCOANUT TERR.
BRADENTON FL 34210**

Name **NANCY M. DINSKY**

Street Address (P.O. Box Number is Not Acceptable)
3908 COCOANUT TERRACE

City **BRADENTON**

FL

Zip Code **34210**

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

(NOTE: Registered Agent signature required when reinstating)

2/18/2003
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 **PTD** ☒ Delete
NAME **DINSKY, NORMAN M.**
STREET ADDRESS **3908 COCOANUT TERR.**
CITY-ST-ZIP **BRADENTON FL 34234**

TITLE **PRESIDENT/SECRETARY** ☒ Change ☐ Addition
NAME **NANCY M. DINSKY**
STREET ADDRESS **3908 COCOANUT TERRACE**
CITY-ST-ZIP **BRADENTON, FLORIDA 34210**

TITLE **VSD** ☒ Delete
NAME **DINSKY, NANCY M.**
STREET ADDRESS **3908 COCOANUT TERR.**
CITY-ST-ZIP **BRADENTON FL 34234**

TITLE **VICE PRESIDENT** ☒ Change ☒ Addition
NAME **DAVID I DINSKY**
STREET ADDRESS **5408 NE 2nd AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE, FLORIDA 33334**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER** ☒ Change ☒ Addition
NAME **LIZA V. KUBOND**
STREET ADDRESS **804 20th AVENUE W.**
CITY-ST-ZIP **BRADENTON, FLORIDA 34205**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY M. DINSKY/PRESIDENT/941-355-3007

Date

Daytime Phone #

CR2E034 (10/02)