2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90259 028 ***150.00

0188272 AV

DOCUMENT # 615214

1. Entity Name
NYBORG & ASSOCIATES, INC.

Principal Place of Business
~~3286 NW 68TH AVENUE~~
~~MARGATE FL 33063-8020~~
13786 61st Street North
West Palm Beach,FL 33412

Mailing Address
~~3286 NW 68TH AVENUE~~
~~MARGATE FL 33063-8020~~
SAME

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

X CHECK HERE IF MAKING CHANGES address only

4. FEI Number 59-1909887 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
NYBORG, DANA A.
~~3286 NW 68TH AVENUE~~ 13786 61st Street North
~~MARGATE FL 33063-8020~~ West Palm Beach, FL 33412

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. 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	PD ☐ Delete	TITLE	VicePres., Sec., Treas. ☐ Change XX Addition
NAME	NYBORG, DANA A (Pres.)	NAME	Pamela Leddy Nyborg
STREET ADDRESS	~~3286 NW 68TH AVENUE~~ 13786 61st Street North	STREET ADDRESS	13786 61st Street North
CITY-ST-ZIP	~~MARGATE FL 33063-8020~~ West Palm Beach, FL 33412	CITY-ST-ZIP	~~West Palm Beach, FL 33412~~
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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

3-27-03 Date
561-204-1444 Daytime Phone #