

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90016 017 \*\*\*150.00

**DOCUMENT # 653728**

1. Entity Name

**NIBOR, INC.**

Principal Place of Business

112 DUNBRIDGE DRIVE  
 PALM HARBOR FL 34684

Mailing Address

112 DUNBRIDGE DRIVE  
 PALM HARBOR FL 34684

2. Principal Place of Business

4997 KILKENNEY WAY  
 Suite, Apt. #, etc.

3. Mailing Address

4997 KILKENNEY WAY  
 Suite, Apt. #, etc.

City & State

OLDSMAR FLA.

City & State

OLDSMAR FLA

4. FEI Number

59-1966257

Applied For

Not Applicable

Zip

34677

Country

FLORIDA

Zip

34677

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CATANHEIRO, ANDREW  
 112 DUNBRIDGE DRIVE  
 PALM HARBOR FL

7. Name and Address of New Registered Agent

Name

DUQUESNAY MARIL

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

4997 KILKENNEY WAY

City

OLDSMAR

FL

Zip Code

34677

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, 2001 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

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	CATANHEIRO, ANDREW	
STREET ADDRESS	112 DUNBRIDGE DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DUQUESNAY, MARK	
STREET ADDRESS	4997 KILKENNEY WAY	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUQUESNAY, PAUL ROBIN	
STREET ADDRESS	4997 KILKENNEY WAY	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HING, RICHARD	
STREET ADDRESS	7450 S.W. 116TH ST.	
CITY-ST-ZIP	MIAMI FL	
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	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSALIND DUQUESNAY	
STREET ADDRESS	4997 KILKENNEY WAY	
CITY-ST-ZIP	OLDSMAR FLORIDA 34677	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

2/21/01 (727) 784-7870

Daytime Phone #

CR2E034 (10/00)