2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1.

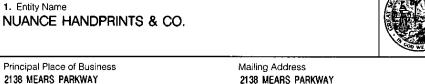
MARGATE FL 33063



Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90048 032 ***150.00

DOCUMENT #	670901	
. Entity Name NUANCE HANDPRINTS	& CO.	



MARGATE FL 33063

l – 3	rincipal Place of Business 31 NW 110 Terr. 3. Mailing Address POBOX 770068			I (DDI) O BILITO (BBIA BDIAN INLEA N	8101 0 6151 8181 6161 6161 6161 6161 6161 6661	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
Cora Stat	Inriver FL	Coral Spring	1 FL	4. FEI Number 59-1992792	Applied For Not Applicable	
3307	Country USA	35077-	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent		
			Name			
WILKINS, RICHARD		Stroot Addror	Street Address (P.O. Box Number is Not Acceptable)			
1831 N.W.	. 10TH TERRACE		Sileet Addres	Street Address (P.O. Box Number is Not Acceptable)		
CORAL SE	PRINGS FL 33071				, , , ,	
0011112 01	/ 12 00071				Una	
			City		FL Zip Code	
8. The above the obligat	named entity submits this statement for tions of registered agent.	he purpose of changing its re	egistered office or regis	stered agent, or both, in the State of F	lorida. I am familiar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: F	Registered Agent signature requ	uired when reinstating)	DATE	
.e Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of \$	State		9. Election Campaign F Trust Fund Contributi	9 _ 40.00 may be	
10.	OFFICERS AND D	RECTORS	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11	
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	WILKINS, LINDA		NAME			
STREET ADDRESS	1831 NW 110TH TERR		STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL		CITY-ST-ZIP			
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	WIKINS, RICHARD		NAME		,	
STREET ADDRESS	1831 NW 110TH TERR		STREET ADDRESS		ł	
CITY-ST-ZIP	CORAL SPRINGS FL		CITY-ST-ZIP			
	1		- 1			

TITLE ☐ Delete TITLE Change ☐ Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #