## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** Apr 22, 2001 08:00 AM 710669 DOCUMENT # 1. Entity Name **Secretary of State** SIGMA NU HOLDING CORPORATION, INC. Principal Place of Business Mailing Address 421 N WOODLAND BLVD UNIT 8242 421 N WOODLAND BLVD UNIT 8242 FL FL 32720 32720 2. Principal Place of Business 3. Mailing Address 250 EAST STETSON AVE 5616 BAXTER LAKE DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 54-0628798 JACKSONVILLE DELAND Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 32720 32258 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENRY KENNON BROWN BROWN HENRY KENNON Street Address (P.O. Box Number is Not Acceptable) 4547 BASS PLACE SOUTH 5616 BAXTER LAKE DR JACKSONVILLE FL32210 US City Zip Code JACKSONVILLE 32258 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. 04/22/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE The second second 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D X Delete TITLE ☐ Change ☐ Addition NAME EARP ERIK NAME STREET ADDRESS STREET ADDRESS 250 E. STETSON AVE CITY-ST-ZIP CITY-ST-ZIP DELAND 32720 TITLE ☐ Delete TITLE X Change ☐ Addition NAME CHRISTOPHER GIRATA NAME ABDEL-RAZZAK STREET ADDRESS STREET ADDRESS 250 E. STETSON AVE 421 N. WOODLAND BLVD # 6769 CITY-ST-ZIP DELAND FL. 32720 CITY-ST-ZIP DELAND FL. 32720 TITLE Delete TITLE X Change ☐ Addition NAME **BROWN** HENRY NAME PINDER MATTHEW STREET ADDRESS 5616 BAXTER LAKE DRIVE STREET ADDRESS 421 N. WOODLAND BLVD # 7276 CITY-ST-ZIP JACKSONVILLE CITY-ST-ZIP FL. 32210 DELAND FL. 32720 D,P TITLE Delete TITLE X Change Addition NAME PORTNOY MICHAEL NAME BROWN HENRY STREET ADDRESS STREET ADDRESS 250 E. STETSON AVE 5616 BAXTER LAKE DR CITY-ST-ZIP DELAND FL. 32720 CITY-ST-ZIP JACKSONVILLE FL. 32258 TITLE D □ Delete TITLE D,ST X Change ☐ Addition NAME CLITON PYLE NAME PYLE CLINTON STREET ADDRESS 5028 CITY ST 2028 STREET ADDRESS 7800 POINT MEADOWS DR #1015 CITY-ST-ZIP ORLANDO 328394551 CITY-ST-ZIP JACKSONVILLE FL, 32256 TITLE □ Delete TITLE D X Change Addition

12. I hereby certify that the information supplied with this filling 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 617, 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

STREET ADDRESS

NAME

SIGNATURE: \_

NAME

STREET ADDRESS

CITY-ST-ZIP

919 BROOKWOOD DRIVE

**FLESTO** 

ORLANDO

Clinton E Pyle

JASON

328131722

D

PORTNOY

ORLANDO

04/22/2001

FL

32812

MICHAEL

5392 LAKE MARGARET DR #805

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