

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 09, 2002 8:00 am  
Secretary of State

05-09-2002 90060 028 \*\*\*\*61.25

DOCUMENT # 710669

1. Entity Name

SIGMA NU HOLDING CORPORATION, INC.

Principal Place of Business

Mailing Address

250 EAST STETSON AVE  
DELAND FL 32720

5616 BAXTER LAKE DR  
JACKSONVILLE FL 32258

2. Principal Place of Business

3. Mailing Address

7990-1306 BAYMEADOWS RDE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE, FL

Zip

Country

Zip

Country

32256

USA

4. FEI Number

54-0628798

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, HENRY KENNON  
5616 BAXTER LAKE DR  
JACKSONVILLE FL 32258

Name

CLINTON PYLE

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

7990-1306 BAYMEADOWS RDE

City

JACKSONVILLE

FL

Zip Code

32256

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

*CLINTON PYLE*

CLINTON PYLE

3/16/2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PORTNOY, MICHAEL  
5392 LAKE MARGARET DR #805  
ORLANDO FL 32812 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D, ST  
PYLE, CLINTON E  
7800 POINT MEADOWS DR #1015  
JACKSONVILLE FL 32258 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D, P  
BROWN, HENRY K  
5616 BAXTER LAKE DR  
JACKSONVILLE FL 32258 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
PINDER, MATTHEW  
421 N. WOODLAND BLVD # 7276  
DELAND FL 32720 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
MIKE CROOKS  
421 N. WOODLAND BLVD # 7137  
DELAND, FL 32720 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ABDEL-RAZZAK, ALI  
421 N. WOODLAND BLVD # 6769  
DELAND FL 32720 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JOEY TROENDEL  
421 N. WOODLAND BLVD # 5747  
DELAND, FL 32720 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 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.

SIGNATURE:

*CLINTON PYLE*

03/16/2002 984 888-2772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)