

2002 UNIFORM BUSINESS REPORT (UBR)

0018388 AB

DOCUMENT # B99000000159

1. Entity Name
NOM AEGIS LARGO, LTD.

FILED

02 APR 23 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
250 WASHINGTON STREET
PRATTVILLE AL 36067

Mailing Address
P.O. BOX 680176
PRATTVILLE AL 36068

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
City & State

4. FEI Number 63-1223651
Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

KIEHN, ROLAND W
220 MCKENZIE AVENUE
PANAMA CITY FL 32401

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000.00
10. Amount of Capital Contributions in FLORIDA to date. \$1,000.00
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F92000000595	STREET ADDRESS	
NAME	CORPORATE GENERAL, INC.	CITY-ST-ZIP	
STREET ADDRESS	250 WASHINGTON STREET		
CITY-ST-ZIP	PRATTVILLE AL 36067		
DOCUMENT #		STREET ADDRESS	200005450622-3
NAME		CITY-ST-ZIP	-05/03/02-01077-011
STREET ADDRESS			****141.25 ****141.25
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Thomas E. Newton, President* 3/15/02 334-361-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date Daytime Phone #

CR2E003 (9/01)