

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90035 031 \*\*\*150.00

**DOCUMENT # F97000005333**

1. Entity Name

**NUVELL FINANCIAL SERVICES CORP.**

Principal Place of Business

Mailing Address

17500 CHENAL PKWY.  
LITTLE ROCK AR 72223

17500 CHENAL PKWY.  
LITTLE ROCK AR 72223-3909

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-1711878**

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

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 \_\_\_\_\_

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DTV</b>	<input type="checkbox"/> Delete
NAME	<b>VOSS, LINDA I</b>	
STREET ADDRESS	<b>17500 CHENAL PKWY</b>	
CITY-ST-ZIP	<b>LITTLE ROCK AR 72211</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>HARDESTY, J. ROBERT</b>	
STREET ADDRESS	<b>17500 CHENAL PKWY.</b>	
CITY-ST-ZIP	<b>LITTLE ROCK AR 72211</b>	
TITLE	<del><b>DV</b></del>	<input type="checkbox"/> Delete
NAME	<b>BORCHERT, SYLVIA</b>	
STREET ADDRESS	<b>17500 CHENAL PARKWAY, SUITE 200</b>	
CITY-ST-ZIP	<b>LITTLE ROCK AR 72223</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAEDER, WALTER</b>	
STREET ADDRESS	<b>3044 WEST GRAND BLVD.</b>	
CITY-ST-ZIP	<b>DETROIT MI 48202</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>PRITCHARD, TOMMY E</b>	
STREET ADDRESS	<b>17500 CHENAL PARKWAY, SUITE 200</b>	
CITY-ST-ZIP	<b>LITTLE ROCK AR 72223</b>	
TITLE	<del><b>W</b></del>	<input type="checkbox"/> Delete
NAME	<b>STAUB, DANIEL E</b>	
STREET ADDRESS	<b>17500 CHENAL PKWY</b>	
CITY-ST-ZIP	<b>LITTLE ROCK AR 72211</b>	

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	<b>AS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" 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:** *Sylvia Borchert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/29/00*

Date

*501-821-8110*

Daytime Phone #

CR25034 (01/00)