

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90196 011 ***150.00

DOCUMENT # F97000005333

1. Entity Name
NUVELL FINANCIAL SERVICES CORP.



Principal Place of Business
17500 CHENAL PKWY.
LITTLE ROCK AR 72223

Mailing Address
17500 CHENAL PKWY.
LITTLE ROCK AR 72223



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DTV	<input type="checkbox"/> Delete
NAME	VOSS, LINDA I	
STREET ADDRESS	17500 CHENAL PKWY	
CITY-ST-ZIP	LITTLE ROCK AR 72211	
TITLE	V	<input type="checkbox"/> Delete
NAME	CULVER, GERALD L	
STREET ADDRESS	17500 CHENAL PKWY.	
CITY-ST-ZIP	LITTLE ROCK AR 72211	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BORCHERT, SYLVIA	
STREET ADDRESS	17500 CHENAL PARKWAY, SUITE 200	
CITY-ST-ZIP	LITTLE ROCK AR 72223	
TITLE	DC	<input type="checkbox"/> Delete
NAME	VANORMAN, JEROME	
STREET ADDRESS	200 RENAISSANCE CENTER	
CITY-ST-ZIP	DETROIT MI 48265	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PRITCHARD, TOMMY E	
STREET ADDRESS	17500 CHENAL PARKWAY, SUITE 200	
CITY-ST-ZIP	LITTLE ROCK AR 72223	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	STAUB, DANIEL E	
STREET ADDRESS	17500 CHENAL PKWY	
CITY-ST-ZIP	LITTLE ROCK AR 72211	

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		<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	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Clark	
STREET ADDRESS	10302 Deerwood Park Blvd.	
CITY-ST-ZIP	Jacksonville, FL 32256	

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.

SIGNATURE:

Sylvia Borchert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03
Date

501-821-8110
Daytime Phone #

CR2E034 (10/02)