

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90060 040 ***550.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # F98000002309

1. Entity Name
NIDA-CORE CORPORATION

Principal Place of Business
3240 SW 42ND AVE.
PALM CITY FL 34990

Mailing Address
3240 SW 42ND AVE.
PALM CITY FL 34990

2. Principal Place of Business

3. Mailing Address
541 NW INTERPARK PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PORT ST LUCIE FL

Zip

Country

Zip

Country

34986

4. FEI Number **13-3454150**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACQUINET, DAMIEN
711 CLAREMORE DR.
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name **DAMIEN JACQUINET**

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

541 NW INTERPARK PLACE

City **PORT ST LUCIE**

FL

Zip Code **34986**

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

DAMIEN JACQUINET

9/13/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PDC**
 NAME **JACQUINET, DAMIEN**
 STREET ADDRESS **711 CLAREMORE DR.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

☐ Delete

TITLE **PDC**
 NAME **DAMIEN JACQUINET**
 STREET ADDRESS **541 NW INTERPARK PLACE**
 CITY-ST-ZIP **PORT ST LUCIE, FL 34986**

☒ Change ☐ Addition

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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: *[Signature]* **DAMIEN JACQUINET** **9/14/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)