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

## F98000002309 **DOCUMENT #**

1. Entity Name



FILED
Mar 17, 2003 8:00 am & Secretary of State
03-17-2003 91051 014 \*\*\*150.00

NIDA-CORE CORPORATION										
Principal Place of Business 3240 SW 42ND AVE.  PALM CITY FL 34990  Mailing Address 541 NW INTERPARK PLACE PORT SAINT LUCIE FL 34986										
Principal Place of Business     Address										
Sui	Suite, Apt. #, etc.					CHECK HER	E IF MAKING	G CHANGES	S	
City	City & State			4.	. FEI Number	13-345415	0	<del></del>	<del></del>	-
ry Zip	Country		try	5.	. Certificate of S	tatus Desired		\$8.75 A	dditional	1
6. Name and Address of Current Registered Agent			Nome	_7;>	-Name and Add	lress of New	Registered	Agent	J. =	]-
JACQUINET, DAMIEN			•							
541 NW INTERPARK PLACE			Street Addr	ress (P.O. I	Box Number is	Not Acceptab	ole) 			
6`										
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	pose of changing its	registere	ed office or req	gistered a	agent, or both, in	the State of F	Florida. I am	familiar with	, and accept	1
	olicable. (NOTE	: Registered	d Agent signature re	equired when	reinstating)		DATE			4
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					I			<b>\$5.</b> 0 ☐ Adde	00 May Be ed to Fees	
OFFICERS AND DIRECTORS 11.				A	L ADDITIONS/CHA	NGES TO OF	FICERS AND	D DIRECTOR	RS IN 11	┧.
DUINET, DAMIEN WW INTERPARK PLACE		NAME STREE	ET ADDRESS	☐ Chang			☐ Change	☐ Addition	=034 (10/02)	
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tion supplied with this files	Delete	NAME STREE CITY-1		in Coatia-	110 07/20/3	arida Ctati 4-	1 fourtheases	☐ Change	Addition	
	3. Ma Suitry Zip try Zip dress of Current Register  6 sthis statement for the purpent.  ame of registered agent and title if application and performent of State OFFICERS AND DIRECTO  IIEN RK PLACE IE FL 34986	S41 NW INTERPARK PLACE PORT SAINT LUCIE FL 34  3. Mailing Address Suite, Apt. #, etc. City & State  try Zip  dress of Current Registered Agent  6.  s this statement for the purpose of changing its ent.  ame of registered agent and title if applicable. (NOTE IS \$150.00 will be \$550.00 a Department of State OFFICERS AND DIRECTORS  Delete  IEN RK PLACE IE FL 34986  Delete  Delete  Delete	3. Mailing Address  Suite, Apt. #, etc.  City & State  Try Zip Country Registered Agent  Sthis statement for the purpose of changing its registered agent and little if applicable. (NOTE: Registered IS \$150.00 at Department of State  OFFICERS AND DIRECTORS 11.  IIEN RK PLACE  IE FL 34986   Delete   TITLE NAME STREED CITY-  Delete   DELETE   DELETE	3. Mailing Address  Suite, Apt. #, etc.  City & State  Ty  Zip  Country  dress of Current Registered Agent  Name  Street Address  Street Address  City  Sthis statement for the purpose of changing its registered office or resent.  (NOTE: Registered Agent signature in the street Agent signature in the stree	S41 MW INTERPARK PLACE PORT SAINT LUCIE FL 34986    3. Mailing Address	3. Mailing Address    Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. 4, etc.   CHECK HER  City & State   Country   Country   Country   S. Certificate of Status Desired dress of Current Registered Agent   Name   Name   Street Address (P.O. Box Number is Not Acceptate of the state of the st	Solite, Apt. #, etc.   Check Here if MAKINI   Sulfe, Apt. #, etc.   Check Here if MAKINI   City & State   Country   S. Certificate of Status Desired     Sure of Current Registered Agent   Tr. Name and Address of New Registered     Name	Set INV INTERPARK PLACE PORT SAINT LUCIE FL 34986    3. Mailing Address	SAI NA INTERPARK PLACE PORT SAINT LUGE FL 34988    S. Mailing Address

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:

Daytime Phone #