## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 16, 2002 8:00 am Secretary of State DOCUMENT # G65295 1. Entity Name 05-16-2002 90039 030 \*\*\*150.00 NADINE HOUSE REALTY, INC. Principal Place of Business Mailing Address #1 BREAKERS ROW #1 BREAKERS ROW PALM BCH, FL 33480 PALM BCH. FL 33480 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2388974 Not Applicable Country \$8.75 Additional Zip-Country --5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOUSE, NADINE Street Address (P.O. Box Number is Not Acceptable) ONE NORTH BREAKERS RD #224 PALM BEACH FL 33480 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Delete TITLE TITLE NAME NAME WORLEY, SCOTT 364 S. Country Club Dave STREET ADDRESS STREET ADDRESS 1711 EL PUEBLOWAY CITY-ST-ZIP Atlants 19 33467 CITY-ST-ZIP PALM BEACH FL 33480 ☐ Addition ☐ Delete TITLE NAME NAME WORLEY, CHRISTINA STREET ADDRESS 364 S. Country Club Orine STREET ADDRESS 171 EL PUEBLO WAY CITY-ST-ZIP \_\_\_ Atlants 6, 3-3462 CITY-ST-ZIP. PALM BEACH FL: 33480 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME WORLEY, MARK STREET ADDRESS 14008 SOUTH 31ST ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PHOENIX AZ ☐ Change ☐ Addition ☐ Delete TITLE **PST** TITLE HOUSE, NADINE NAME STREET ADDRESS STREET ADDRESS ONE NORTH BREAKERS ROW CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Goul 2402

**FILED**