

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 01, 2004 08:00 AM
Secretary of State**

DOCUMENT # H57132

1. Entity Name
NERO'S DIVERSIFIED, INC.



Principal Place of Business

3951 S HIGHWAY 17 - 92
CASSELBERRY, FL 32730 US

Mailing Address

5075 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32839 US



02262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-2543428

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

URANICK, GERALD W.
5075 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32839

**DO NOT WRITE
IN THIS SPACE**

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 the filer) date

(NOTE: Registered Agent signature required when installing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000070386
03/01/04-80041-008 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**P
URANICK, GERALD W.
2304 CARIBBEAN CT
ORLANDO, FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**V
URANICK, CAROL A.
2304 CARIBBEAN CT
ORLANDO, FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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CITY ST ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 another like empowered.

SIGNATURE:

G. W. Uranick

G. W. Uranick

2/26/04

407

851 3962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING