

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90111 046 ***150.00

DOCUMENT # H74917

1. Entity Name

N.B.M. CORPORATION



Principal Place of Business

SHAMMOCK MOTEL
DAYTONA BEACH FL 32118

Mailing Address

414 N. ATLANTIC AVE.
DAYTONA BEACH FL 32118-3925
**800 PHEASANT RUN CT.
PORT ORANGE FL 32127**

2. Principal Place of Business

800 PHEASANT RUN CT.

3. Mailing Address

800 PHEASANT RUN CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State **PORT ORANGE**

City & State **PORT ORANGE**

Zip

FL 32127

Country

USA

Zip

FL 32127

Country

USA

4. FEI Number

59-2651394

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SODHI, M.S.

414 N. ATLANTIC AVENUE
DAYTONA BEACH FL 32118

**800 PHEASANT RUN CT.
PORT ORANGE
FL 32127**

7. Name and Address of New Registered Agent

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

M. Sodhi

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **SODHI, MANMOHAN SINGH**
CITY-ST-ZIP **414 N. ATLANTIC AVE. 800 PHEASANT RUN CT
DAYTONA BEACH FL PORT ORANGE FL 32127**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **SODHI, KAVAJIT K**
CITY-ST-ZIP **414 N. ATLANTIC AVE
DAYTONA BEACH FL**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **KAVALJIT, SODHI K.**
CITY-ST-ZIP **414 N. ATLANTIC AVENUE
DAYTONA BEACH FL**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MANMOHAN-SINGH, SODHI**
CITY-ST-ZIP **414 N. ATLANTIC AVENUE
DAYTONA BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

M. Sodhi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03

386-761-4294

Date

Daytime Phone #

CR2E034 (10/02)