## 2002 Uniform Business Report (UBR)

## Mar 18, 2002 8:00 am DOCUMENT # J22295 **Secretary of State** 1. Entity Name 03-18-2002 90056 049 \*\*\*150.00 NESTOR CONSULTANTS, INC. Mailing Address Principal Place of Business P.O. BOX 110759 P.O. BOX 110759 DALLAS TX 75011 DALLAS TX 75011 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2687843 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MATHER, JAMES Street Address (P.O. Box Number is Not Acceptable) 740 JERSANDA CIRCLE LAKELAND FL 33813 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. SIGNATURE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 1/2 12. TITLE ☐ Delete TITLE NAME MILEY, FREDERICK STREET ADDRESS STREET ADDRESS 6 VANATA COURT CITY-ST-ZIP CITY-ST-ZIP **HEMPSTEAD NY 11550** Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME MILEY, HAZEL STREET ADDRESS STREET ADDRESS **6 VANATA COURT** CITY-ST-ZIP CITY-ST-ZIP HEMPSTEAD NY 11550 Change ☐ Addition Delete TITLE 16007 Ranchita Drive NAME NAME LINDSEY, MICHAEL STREET ADDRESS STREET ADDRESS 6733 REGALBLUFF DRIVE Dallas, Texas 75248 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75248 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE 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.

MICHAELUSE LEEGUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

**FILED** 

CR2E034 (9/01]