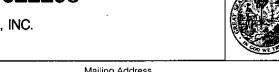
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

J22295 **DOCUMENT #**

1. Entity Name

NESTOR CONSULTANTS, INC.





FILED Jun 05, 2003 8:00 am Secretary of State

06-05-2003 90125 030 ***150.00

Principal Place of Business P.O. BOX 110759 DALLAS TX 75011			Mailing Address P.O. BOX 110759 DALLAS TX 75011							
2. Principal F	Place of Busir	ness	3. Mailing Address						FB 6 6	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 59-2687843 Applied For Not Applicable				
Zip Country		Zip	Zip Country		5. Certificate of S	tatus Desired	\$8.75 Add			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
,		ا بيات ده ا	- 1-1-	Name	المسيد (المالية المحرابة) المسيد					
MATHER, 740 JERS	JAMES ANDA CIRC	LE .		Street Address			(P.O. Box Number is Not Acceptable)			
LAKELAND FL 33813										
					City			FL Zip Cod	е	
SIGNATURE .	Signature, typed	or printed name of registered ager	nt and title if applicable. (I	NOTE: Registere	d Agent signature require	ed when reinstating)	DA	đΕ		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Trust Fu	n Campaign Financing and Contribution.	☐ Added	May Be to Fees	
10.	Lin	OFFICERS AND		11.	_	ADDITIONS/CHA	NGES TO OFFICERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILEY, FR 6 VANATA HEMPSTE		☑ Delete	1				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILEY, HA 6 VANATA HEMPSTE		Se Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MICHAEL NCHITA DR X 75248	☐ Delete			-	4	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	☐ Delete					☐ Change	Addition (
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					Change	Addition	

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.