

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006288

1. Entity Name
THE NATIONAL FINANCIAL ENGINEERING ALLIANCE, LLC

Principal Place of Business
13577 FEATHERSOUND DR., SUITE 100
CLEARWATER FL 33762

Mailing Address
13577 FEATHERSOUND DR., SUITE 100
CLEARWATER FL 33762

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3650632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREGORY, NICHOLAS
13577 FEATHERSOUND DR., SUITE 100
CLEARWATER FL 33762

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.

SIGNATURE

Nicholas L. Gregory, President 4/15/01
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGR
GREGORY, NICHOLAS
STREET ADDRESS 13577 FEATHERSOUND DR., SUITE 100
CITY-ST-ZIP CLEARWATER FL 33762 ☐ Delete

TITLE NAME *Major* *Jeffrey Paul Partner* ☐ Change ☒ Addition
STREET ADDRESS 3153 Bay Lane
CITY-ST-ZIP Clearwater, FL 33759

TITLE NAME *Jeffrey Paul* ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME *Major* *Partner* ☐ Change ☒ Addition
STREET ADDRESS *Krista Farinas*
CITY-ST-ZIP 3360 Crystal Court Unit M
Palm Harbor, FL 34685

TITLE NAME *Krista B. Farinas* ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
100004135411-8
-05/04/01-01008-012
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Nicholas L. Gregory
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/15/01 727-573-0497

CR2E083 (11/00)

UNIFORM



DO NOT WRITE IN THIS SPACE

FILED

01 APR 23 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA