2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State
03-20-2002 90007 003 ****50.00

0002898

DOCUMENT # L00000007074

1. Entity Name
NES OVERSEAS USA, LLC

Principal Place of Business	Mailing Address
1155 SOUTH SEMORAN BLVD. WINTER PARK FL 32792	1155 SOUTH SEMORAN BLVD. WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1035 SOUTH SEMORAN BLVD		1035 SOUTH SEMORAN BLVD.	
Suite, Apt. #, etc. 1007		Suite, Apt. #, etc. 1007	
City & State WINTER PARK FLORIDA		City & State WINTER PARK, FLORIDA	
Zip 32792	Country USA	Zip 32792	Country USA

4. FEI Number 59-3659333 ☐ 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
ROWLANDS, ANDREW 1155 SOUTH SEMORAN BLVD. WINTER PARK FL 32792	Name ROWLANDS, ANDREW Street Address (P.O. Box Number is Not Acceptable) 1035 SOUTH SEMORAN BLVD STE 1007 City WINTER PARK FL Zip Code 32792

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] 3/7/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWLANDS, ANDREW 1155 SOUTH SEMORAN BLVD. WINTER PARK FL 32792	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (9/01)

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: SIGNATURE REQUIRED [signature] 3/7/02 407 681 6620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #