

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000020854

Entity Name: NFI ENTERPRISES LLC

FILED  
Jul 14, 2003  
Secretary of State

## Current Principal Place of Business:

778 ARRAN CT  
ORANGE PARK, FL 32073

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 40821  
JACKSONVILLE, FL 32203

## New Mailing Address:

FEI Number: 59-3759984

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KAY, MICHAEL  
778 ARRAN CT  
ORANGE PARK, FL 32073

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: KAY, MICHAEL  
Address: 778 ARRAN CT  
City-St-Zip: ORANGE PARK, FL 32073

Title: MGR ( ) Delete  
Name: WINSLOW, ANDREW  
Address: 4337 ISH BRANT RD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR ( ) Delete  
Name: HEARSE, PAUL  
Address: 249 ST JOHN CT  
City-St-Zip: YULEE, FL 32097

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: KEARSE, PAUL  
Address: 249 ST JOHN CT  
City-St-Zip: YULEE, FL 32097

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL KAY

MGRM

07/14/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date