

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000332

1. Entity Name

NEXUS MANAGEMENT GROUP LC.

Principal Place of Business

1223 N. ORANGE AVE. #B
ORLANDO FL 32804

Mailing Address

1223 N. ORANGE AVE. #B
ORLANDO FL 32804

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3374502

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SUTPHEN, ROBERT R
1223 N. ORANGE AVE
SUITE B
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name
R.R. SUTPHEN

Street Address (P.O. Box Number is Not Acceptable)

1500 BEVILLE RD STE 606

City

DAYTONA

BEACH

FL

Zip Code

32114

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. I am familiar with, and accept the obligations of registered agent.

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 \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
MEM Partner
FIELDS, ED
1223 N. ORANGE AVE., STE B
ORLANDO FL 32804

TITLE NAME ☐ Delete
MEM Partner
SUTPHEN, ROBERT R
1223 N. ORANGE AVE., STE B
ORLANDO FL 32804

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
PM3390 1500 BEVILLE RD, STE 606
DAYTONA BEACH, FL 32114-5244

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
SAME AS FIELDS

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

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

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

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

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]

9/16/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/3/02

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-03-2002 90115 020 ****50.00

42758

DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)