

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90069 024 \*\*\*150.00

**DOCUMENT # M42161**

1. Entity Name  
**NANCY OKUN, INC.**

Principal Place of Business

1205 N 24 AVE  
 HOLLYWOOD FL 33020  
 US

Mailing Address

1205 N 24 AVE  
 HOLLYWOOD FL 33020  
 US

2. Principal Place of Business

*175 Kings Hwy*

3. Mailing Address

*175 Kings Hwy  
 #1511*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
*PT CHARLOTTE FL*

City & State  
*PT CHARLOTTE FL*

4. FEI Number **59-2741958**

Applied For  
 Not Applicable

Zip  
*33983*

Country  
*CHARLOTTE*

Zip  
*33983*

Country  
*CHARLOTTE*

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OKUN, NANCY  
 1205 N 24 AVE  
 HOLLYWOOD FL 33020

Name *NANCY OKUN*  
 Street Address (P.O. Box Number is Not Acceptable) *175 Kings Hwy #1511*  
 City *PT CHARLOTTE* FL Zip Code *33983*

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	Delete
NAME	OKUN, NANCY	<input checked="" type="checkbox"/>
STREET ADDRESS	1205 N 24 AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Change	Addition
NAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy Okun* **NANCY OKUN** *1/15/01* **800-217-5212**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)