

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90096 046 ***150.00

096696 AT

DOCUMENT # M42161
 1. Entity Name
NANCY OKUN, INC.

| | |
|--|---|
| Principal Place of Business 175 KINGS HIGHWAY PORT CHARLOTTE FL 33983 US | Mailing Address 175 KINGS HWY. #1511 PORT CHARLOTTE FL 33983 US |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 13442 SW PEMBROKE CIRCLE N | 3. Mailing Address 13442 SW PEMBROKE CIRCLE N |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|-------------------------------------|-------------------------------------|------------------------------------|--|
| City & State LAKE SUZY FL | City & State LAKE SUZY FL | 4. FEI Number 59-2741958 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 34269 | Country USA | Zip 34269 | Country USA |

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

6. Name and Address of Current Registered Agent
**OKUN, NANCY
 175 KINGS HWY, #1511
 PORT CHARLOTTE FL 33983**

7. Name and Address of New Registered Agent
 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 **NANCY OKUN** *Nancy Okun* DATE **4/1/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD OKUN, NANCY 175 KINGS HWY, #1511 PORT CHARLOTTE FL 33983 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD NANCY OKUN 13442 SW PEMBROKE CIRCLE N LAKE SUZY, FL 34269 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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* DATE **4/1/02** DAYTIME PHONE # **941-255-8411**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)