

FILED
Aug 25, 2002 8:00 am
Secretary of State

03-14-2002 90002 030 ****61.25
07-31-2002 90102 040 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001166

1. Entity Name

NIFTY FIFTIES PLUS, INC.

Principal Place of Business

624-101 CENTER CT. SW
VERO BEACH FL 32962

Mailing Address

624-101 CENTER CT. SW
VERO BEACH FL 32962

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1105923

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIENEMANN, MAX W
624-101 CENTER CT. SW
VERO BEACH FL 32962

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

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MAX W DIENEMANN 624-101 CENTER CT SW VERO BEACH FL 32962	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MILIAM L IMMERMAN (D) 655 WESTLANE TASMANS CIRCLE NW VERO BEACH FL 32962	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR VIRGINIA BROWN (D) 1725 71ST AVE VERO BEACH FL 32966	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED MAX W DIENEMANN

Date

27 JULY 02

772-563-9574

Daytime Phone #