

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007003

1. Entity Name

NSA SOCCER ACADEMY, INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-03-2002 90055 030 ****61.25

Principal Place of Business Mailing Address
 8416 PUNJOB ROAD 8416 PUNJOB ROAD
 MILTON FL 32583 MILTON FL 32583

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0417909 Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCKEEL, ALBA SIXTA
 8416 PUNJOB ROAD
 MILTON FL 32583

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	D MCKEEL, ALBA SIXTA 8416 PUNJOB ROAD MILTON FL 32583	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIMEK, PAUL JR. 8113 TREETOP LANE PENSACOLA FL 32514	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELIN, ERIKA J. 8355 PUNJOB ROAD MILTON FL 32583	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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
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

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL SHIMEK, JR

3/27/2002

Date

850-479-1449

Call 450-6250

Daytime Phone

CR2037 (9/01)

03-0417909

attchments
35525



Department of the Treasury
Internal Revenue Service

HOLTSVILLE, NY 11742

In reply refer to: 0134549757
Apr. 29, 2002 LTR 147C
03-0417909 000000 00 000
00777

NSA SOCCER ACADEMY INC
% PAUL SHIMEK JR
8416 PUNJOB RD
MILTON FL 32583

~~Employer Identification Number: 03-0417909~~
IRS Control Number:

Dear Taxpayer:

Thank you for the inquiry dated Apr. 07, 2002.

Your employer identification number (EIN) is 03-0417909. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents.

If you have any questions, please call us toll free at 1-800-829-1040. If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

Joyce Marto

Joyce Marto, Dept. Manager
EIN 1

Enclosure(s):
Copy of this letter