

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004418

1. Entity Name

NASGRASS, INC.

FILED

Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90173 021 ****61.25

Principal Place of Business

Mailing Address

PO BOX 990031
NAPLES FL 34117
US

PO BOX 990031
NAPLES FL 34117
US

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 65-0444801

Applied For

Not Applicable

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

SUNOMAN
SUADMAN, CHRIS
1963 RIVERREACH DR. #223
NAPLES FL 34104

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
MILLER, MIKE
18230 LYNDHURST LN
ALVA FL 33920 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
GILLIANS, JOE
604 E CORNELL ST
AVON PARK FL 33829 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MILLER, MIKE
18230 LYNDHURST LN
ALVA FL 33920 ☐ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

TITLE
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TT
SUNDMAN, CHRIS
1963 RIVERREACH #223
NAPLES FL 34104 ☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ 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 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:

SUNDMAN, CHRIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-02 (941) 263-0022
Date Daytime Phone #

CR2E037 (9/01)