

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91409 042 ****61.25

DOCUMENT # N93000004418

1. Entity Name

NASGRASS, INC.



Principal Place of Business

**PO BOX 990031
NAPLES FL 34117
US**

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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

Chris Sundman **CHRIS SUNDMAN**
TREASURER

4-23-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input type="checkbox"/> Delete
NAME	MILLER, MIKE	
STREET ADDRESS	18230 LYNDHURST LN	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	GILLIANS, JOE	
STREET ADDRESS	604 E CORNELL ST	
CITY-ST-ZIP	AVON PARK FL 33829	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MILLER, MIKE	
STREET ADDRESS	18230 LYNDHURST LN	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	TT	<input type="checkbox"/> Delete
NAME	SUNDMAN, CHRIS	
STREET ADDRESS	1963 RIVERREACH #223	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JOE JULIAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3413 TIMBERWOOD Circle	
STREET ADDRESS	NAPLES, FL 34105	
CITY-ST-ZIP		
TITLE	ROSE STEVENS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1908 WANDA AVE NORTH	
STREET ADDRESS	LEHIGH ACRES, FL 33971	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Chris Sundman **REQUIRED**

4-23-03 (239) 263-0022

CR2E037 (10/02)