

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90098 007 \*\*\*\*61.25

**DOCUMENT # N96000000137**

1. Entity Name

**NIGERIAN AMERICAN, INC.**

Principal Place of Business

**2044 UNIVERSITY BLVD. N.  
 JACKSONVILLE FL 32211  
 US**

Mailing Address

**P O BOX 43042  
 JACKSONVILLE FL 32203**

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

4. FEI Number

**59-3523385**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OYELAMI, LADELE FATAH  
 6056 COLUMBINE DR  
 JACKSONVILLE FL 32211**

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 title 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CM	<input type="checkbox"/> Delete
NAME	OYELAMI, LADELE FATAH	
STREET ADDRESS	6056 COLUMBINE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> Delete
NAME	IYAWARUN, ABAYOMI D	
STREET ADDRESS	4915 BAYMEADOWS RD #110	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	D	<input type="checkbox"/> Delete
NAME	ONOUHO, GABRIEL	
STREET ADDRESS	4115 O'RIELY DR	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	PD	<input type="checkbox"/> Delete
NAME	UKPONG, SONNY	
STREET ADDRESS	2150 PARK ST	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OBAPOLOR, CAROLINE	
STREET ADDRESS	4320 SUNBEAM ROAD, APT. 709	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	INYANG, RAYMOND	
STREET ADDRESS	590 CHANCELLOR DRIVE WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32225	

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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: Isabelle Oyelami 9/6/02 (904) 745-0508

CFR2E037 (4/02)