

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000005095

FILED  
Apr 09, 2002 8:00 AM  
Secretary of State

Entity Name: NASSAWADOX FM INC.

**Current Principal Place of Business:**

6910 NW 2ND TERR.  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

6910 NW 2ND TERR.  
BOCA RATON, FL 33487

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LACY, WILLIAM R  
6910 NW 2ND TERR.  
BOCA RATON, FL 33487      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD                      ( ) Delete  
Name: LACY, WILLIAM R  
Address: 6910 NW 2ND TERR.  
City-St-Zip: BOCA RATON, FL 33487

Title: VD                      ( ) Delete  
Name: LACY, DAN III  
Address: 2110 GOLDCAMP RD.  
City-St-Zip: COLORADO SPRINGS, CO 80906

Title: SD                      ( ) Delete  
Name: LACY, LUCILLE A  
Address: 6910 NW 2ND TERR.  
City-St-Zip: BOCA RATON, FL 33487

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R LACY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

04/09/2002

\_\_\_\_\_  
Date