2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2002 8:00 am
Secretary of State
08-11-2002 90175 004 ****70.00

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DOCUMENT # N99000000228

1. Entity Name

NAMI VOLUSIA / FLAGLER, INC.

Principal Place of Business	Mailing Address
WILLIS AVENUE- BLDG 9 DAYTONA BEACH FL 32114	306 LINCOLN AVE NEW SMYRNA BEACH FL 32169

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Palm Coast
City & State	City & State Florida
Zip / Country	Zip 32137 / Country USA

4. FEI Number 59-3647007 ☐ 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
ROSE, MYRNA 306 LINCOLN AVENUE NEW SMYRNA BEACH FL 32169	Name Linda R. Murphy Street Address (P.O. Box Number is Not Acceptable) 7 Cayuse Ct. City Palm Coast FL Zip Code 32137

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 Linda R Murphy
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	P ROSE, MYRNA 306 LINCOLN AVENUE NEW SMYRNA BEACH FL 32169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LINDA MURPHY 7 Cayuse Ct. Palm Coast FL 32137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MURPHY, LINDA 7 CAYOSE CT PALM COAST FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROBERT MEIMA 28 Farragut Palm Coast FL 32137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BROWN, NANCY 80 JENNIFER CIRCLE PONCE INLET FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MIM SCHAEFER 1537 Ocean Shore Blvd Ormond Beach, FL 32176	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHNSTON, LUANNE POBOX 1325 BUNNELL FL 32110	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MICHAEL ACIERNO 8 Driftway Terrace Flagler Beach, FL 32136	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOD SINGLETARY, WILLIAM 104 HANSON CT. INTERLACHEN FL 32148	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOD WILLIAM SINGLETARY 4050 CROW CT ORMOND BEACH, FL. 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOD SINGLETARY, DIANN 104 HANSON CT. INTERLACHEN FL 32148	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOD DIANN SINGLETARY 4050 CROW CT. ORMOND BEACH, FL. 32174	☒ Change ☐ Addition

CR2E037 (9/01)

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.

386-447-0174
386-503-7219

SIGNATURE: Linda R Murphy SIGNATURE REQUIRED LINDA R MURPHY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #