

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90373 028 ***550.00

DOCUMENT # P00000048549

1. Entity Name
NEVRLAND, INC.

Principal Place of Business

741 FRON STREET
140
CELEEBRATION FL 34747

Mailing Address

741 FRON STREET
140
CELEEBRATION FL 34747



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

741 Front Street

Suite, Apt. #, etc.

#140

City & State

Celebration, FL

Zip

34747

Country

USA

3. Mailing Address

741 Front Street

Suite, Apt. #, etc.

#140

City & State

Celebration, FL

Zip

34747

Country

4. FEI Number

59-3670490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ANDREWS, CLAUDINE S
741 FRONT STREET
CELEBRATION FL 34747

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so: ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00

After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
 NAME **ANDREWS, CLAUDINE**
 STREET ADDRESS **741 FRONT STREET**
 CITY-ST-ZIP **CELEBRATION FL 34747** **#140**

TITLE **P** ☐ Delete
 NAME **GODKIN, CHRIS**
 STREET ADDRESS **308 NORTH VILLAGE STREET**
 CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE **D** ☐ Delete
 NAME **ALBRIZZI, KEITH**
 STREET ADDRESS **613 TRUMPET PL**
 CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President** ☒ Change ☐ Addition
 NAME **Claudine Andrews**
 STREET ADDRESS **741 Front Street #140**
 CITY-ST-ZIP **Celebration, FL 34747**

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

TITLE **Director** ☒ Change ☐ Addition
 NAME **Keith Albrizzi**
 STREET ADDRESS **741 Front Street #140**
 CITY-ST-ZIP **Celebration, FL 34747**

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/02

Date

4075400911

Daytime Phone #

CR2E034 (4/02)