2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000073692

Address:

City-St-Zip:

239 SALVADOR SQUARE

WINTER PARK, FL 32789

Entity Name: NEIMAN AND ASSOCIATES, INC.

FILED Jan 03, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	ADOR SQUAF PARK, FL 327				
Current Mailing Address:			New Mailing Address:		
P O BOX [*] ORLANDO	140094 D, FL 32814				
FEI Number	: 59-3663004	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	NORMAN ADOR SQUAF PARK, FL 327				
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
	mpaign Financir S AND DIREC	g Trust Fund Contribution().	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEO (NEIMAN, BONI 239 SALVADO WINTER PARI	R SQUARE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	COO (NEIMAN, NOR) Delete MAN	Title: Name:	() Change () Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN NEIMAN COO 01/03/2003