May-01-01 18:39 NASCO. 727 517 1111 P.01

2003 **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000111635

1. Entity Name

NASCO REALTY SERVICES, INC.

FILED

03 JUL -3 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 1600 GULF BLVD. #813, CLEARWATER FL 33767

Mailing Address: 1600 GULF BLVD. #813, CLEARWATER FL 33767

2. Principal Place of Business		3. Mailing Address	
1621 GULF BLVD #804		1621 GULF BLVD #804	
Suite, Apt. #, etc. # 804		Suite, Apt. #, etc. # 804	
City & State CLEARWATER FL		City & State CLEARWATER, FL	
Zip 33767	Country USA	Zip 33767	Country USA

DO NOT WRITE IN THIS SPACE 02-03

4. FEI Number 59-3011924 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SFOUGGATAKIS, NICHOLAS A
~~1600 GULF BLVD, #813~~
~~CLEARWATER FL 33767~~

7. Name and Address of New Registered Agent

Name SFOUGGATAKIS, NICHOLAS A.
Street Address (P.O. Box Number is Not Acceptable) 1621 GULF BLVD # 804
City CLEARWATER FL Zip Code 33767

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 [signature]

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 $150.00
After MAY 1, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	SFOUGGATAKIS, NICHOLAS A		NAME		
STREET ADDRESS	~~1600 GULF BLVD, #813~~		STREET ADDRESS	1621 GULF BLVD # 804	
CITY-ST-ZIP	CLEARWATER FL 33767		CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STAFFORD, LAURIE		NAME	500021464265	
STREET ADDRESS	13804 MALCOLM AVE		STREET ADDRESS	07/10/03--01060--030 **750.00	
CITY-ST-ZIP	HUDSON FL 34667		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME	500021464265	
STREET ADDRESS			STREET ADDRESS	07/10/03--01060--031 **150.00	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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], Pres 4/23/2003 727-421-7578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR