

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000026698

Entity Name
NORDSTROM & ASSOCIATES, INC.

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-20-2002 90143 033 ***150.00

Principal Place of Business
5 S. RIDGEWOOD AVE., #210
DAYTONA BEACH FL 32114

Mailing Address
435 S. RIDGEWOOD AVE., #210
DAYTONA BEACH FL 32114

Change



Principal Place of Business
205 Tarragona Way
Suite, Apt. #, etc.

3. Mailing Address
205 Tarragona Way
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Daytona Beach FL

Zip
32114

Country

City & State
Daytona Beach FL

Zip
32114

Country

4. FEI Number
59 370 3639

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~BEUS, ALAN~~
~~435 S. RIDGEWOOD AVE., #210~~
~~DAYTONA BEACH FL 32114~~

Delete

7. Name and Address of New Registered Agent

Name **Alison Nordstrom**
Street Address (P.O. Box Number is Not Acceptable)
205 Tarragona Way
City **Daytona Beach FL** Zip Code **32114**

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]* **Alison Nordstrom President**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **3/11/02**

8. 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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alison Nordstrom 205 Tarragona Way Daytona Beach FL 32114 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **Alison Nordstrom** 1/12/02 386 257 9627
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)