

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90499 008 ***150.00

DOCUMENT # P01000026698

1. Entity Name

ALISON NORDSTROM & ASSOCIATES, INC.



Principal Place of Business

205 TARRAGON WAY
DAYTONA BEACH FL 32114

Mailing Address

205 TARRAGON WAY
DAYTONA BEACH FL 32114

2. Principal Place of Business

1644 North Atlantic

Suite, Apt. #, etc.

3. Mailing Address

1644 North Atlantic

Suite, Apt. #, etc.

City & State

NSB FL

City & State

NSB FL

Zip

32169

Country

USA

Zip

32169

Country

USA

4. FEI Number

59-3703639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

NORDSTROM, ALISON
205 TARRAGON WAY
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name: Alison Nordstrom
Street Address (P.O. Box Number is Not Acceptable): 1644 North Atlantic Ave
City: NSB FL Zip Code: 32169

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

Alison Nordstrom

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NORSTROM, ALISON	
STREET ADDRESS	205 TARRAGON WAY	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	Nordstrom, Alison	<input type="checkbox"/> Delete
NAME	1644 N. Atlantic	
STREET ADDRESS	NSB FL 32169	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Nordstrom, Alison	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1644 N. Atlantic	
STREET ADDRESS	New Smyrna Beach FL 32169	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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.

SIGNATURE:

Alison Nordstrom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/03

Daytime Phone #

603-219-6403

CR2E034 (10/02)