

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90059 010 ***150.00

DOCUMENT # P01000064721



1. Entity Name
NELNET GUARANTEE SERVICES, INC.

Principal Place of Business
**6420 SOUTHPOINT PARKWAY
JACKSONVILLE FL 32216**

Mailing Address
**6420 SOUTHPOINT PARKWAY
JACKSONVILLE FL 32216**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3756508**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTINEZ, EDWARD P
C/O HUMAN RESOURCES
6420 SOUTH POINT PARKWAY
JACKSONVILLE FL 32216**

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

**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 ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HEIMES, TERRY**
CITY-ST-ZIP **121 SOUTH 13TH STREET, #301
LINCOLN NE 68508**

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

TITLE ☐ Delete
NAME **O**
STREET ADDRESS **DUNLAP, MICHAEL S**
CITY-ST-ZIP **6801 SOUTH 27TH STREET
LINCOLN NE 68508**

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

TITLE ☐ Delete
NAME **O**
STREET ADDRESS **MARTINEZ, EDWARD P**
CITY-ST-ZIP **6420 SOUTHPOINT PARKWAY
JACKSONVILLE FL 32216**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Edward P. Martinez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 **303 696 8411**
Date Daytime Phone #

CR2E034 (10/02)



ATTACHMENT

70051343
#P01000064731

April 25, 2003

Florida Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

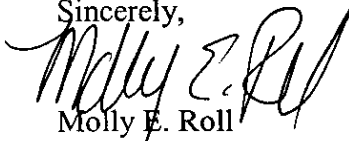
RE: Nelnet Guarantee Services, Inc.

Dear Sir/Madam:

Enclosed is the 2003 For Profit Corporation Uniform Business Report for Nelnet Guarantee Services, Inc. Also enclosed is a check in the amount of \$150.00.

Please date stamp and return the enclosed copy of the Report. I have included a self-addressed, stamped envelope for your convenience. If you have any questions, I can be contacted at (303) 696-5407.

Sincerely,


Molly E. Roll
Paralegal

Enclosures