04/29/2002 18:19 7275186901 TERRILL

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90049 012 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000077915

1. Entity Name
Nexus Financial Services INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10213 Thicket Point Way
Suite, Apt. #, etc.

3. Mailing Address
10213 Thicket Point Way
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: Tampa FL
Zip: 33647 Country:

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Zip: 33647 Country:

4. FEI Number: 59-3734298 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Robert B. Ross

Street Address (P.O. Box Number is Not Acceptable)
10213 Thicket Point Way

City: Tampa FL Zip Code: 33647

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☑
(See criteria on back)

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	President Robert B. Ross 10213 Thicket Point Way Tampa FL 33647
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert B. Ross 4-30-02 727-410-6195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #