

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90099 020 ***150.00

0026524 AV

DOCUMENT # P01000096041

1. Entity Name

NEDD CORPORATION



Principal Place of Business

**2681 SW 64TH TERRACE
MIRAMAR FL 33023**

Mailing Address

**2681 SW 64TH TERRACE
MIRAMAR FL 33023**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1142559

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

7. Name and Address of New Registered Agent

NEDD, KNACKBILL

**2681 SW 64TH TERRACE
MIRAMAR FL 33023**

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
NEDD, KNACKBILL
2681 SW 64TH TERRACE
MIRAMAR FL 33023

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
FRANK, RUTH LYNN
2681 SW 64TH TERRACE
MIRAMAR FL 33023

☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

RUTH LYNN FRANK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

NEDD CORPORATION

Attachment#

80147681

PO1060096041

2681 SW 64th Terrace
Miramar, FL 33023
U.S.A

Phone (954) 965-9606
Fax (954) 965-9606

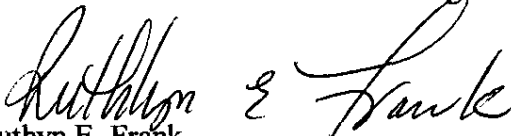
September 10, 2003

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O.BOX 1500
TALLAHASSEE, FL 32302-1500

SUBJECT: TO WAIVE THE FEE

To whom it may concern,

In regards to the filing fee for the annual report, we spoke to a representative whose instructions were to send the original filing fee with this letter. We regret to inform you that we did not receive a business report earlier this year. We thank you for your cooperation regarding this matter. We look forward to continuing business with you.


Ruthyn E. Frank