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

## **DOCUMENT #**

P01000102722

1. Entity Name
NOSTAL GIA INC.



**FILED** Mar 24, 2003 8:00 am Secretary of State

NOSTA	ALGIA, INC.				05 2 1 2005 5	702 11 010 1	30.00
MELBOURNE ST. 2000		Mailing Address 908 EAST NEW HAVE MELBOURNE FL 3290					
	·				I ISBN CER AND ARREST AND ARREST COME	A <b>Bang</b> a (Mana <mark>ab</mark> ang mban M	
2. Principa	al Place of Business	3. Mailing Address	<u> </u>	<del>-</del>			
Suite, A	pt. #, etc.	Suite, Apt. #, etc.			4		
City & S	tate	City & State			CHECK HERE IF	F MAKING CHANG	iES
<u> </u>		Ony & State		}	4. FEI Number 59-3760396		Applied For
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75	Not Applicable Additional
	6. Name and Address of Current	Registered Agent	<del></del>			Fee Regu	uired
AGNEW	NICOLE M	•	Na	ime	7. Name and Address of New Re	gistered Agent	
1706 SU	1706 SUMMER LAKE COURT MELBOURNE FL 32940			eet Address (P	O. Box Number is Not Acceptable)		
8. The abov	e named entity submits this save		City			FL Zip Co	ode
the obliga	e named entity submits this statement for ations of registered agent.	the purpose of changing i	its registered offic	ce or registered	gagent, or both, in the State of Floric	da. I am familiar wit	h, and accept
SIGNATURE							·
	FILE NOW!!! FEE IS \$150.00	no title if applicable. (NO	OTE: Registered Agent s	signature required wi	nen reinstating)	DATE	
Afte Make Chec	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	I			<ol> <li>Election Campaign Finant Trust Fund Contribution.</li> </ol>		.00 May Be
,10.	OFFICERS AND D	<del> </del>	11.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	BS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	AGNEW, NICOLE M 2706 SUMMER LAKE COURT MELBOURNE FL 32940	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP			☐ Change	
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NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
<ol> <li>I hereby ce indicated or of the corpo changed, or</li> </ol>	rtify that the information supplied with this n this report or supplemental report is true tration or the receiver or trustee empower r on an attachment with an address with	filing dees not qualify for the another culture and that meet to execute this report and other meeting of the content of the c	the exemption sta y signature shall s required by Ch	ated in Section have the same napter 607, Flor	119.07(3)(i), Florida Statutes. I furth legal effect as if made under oath; t ida Statutes; and that my name appe	er certify that the inf hat I am an officer c ears in Block 10 or I	formation or director Block 11 if