

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90041 010 \*\*\*150.00

**DOCUMENT # P01000104362**

1. Entity Name  
**NML VENTURES, INC.**

Principal Place of Business      Mailing Address

**7504 BANYAN ST.**      **7504 BANYAN ST.**  
**FT. PIERCE FL 35941**      **FT. PIERCE FL 35941**

2. Principal Place of Business      3. Mailing Address

**4534 6th Lane SW**      **4534 6th Lane**

Suite, Apt. #, etc.      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For

**Vero Beach, FL**      **Vero Beach FL**      **65-1151857**       Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required

**32968**      **Indian River**      **32968**      **Indian River**            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FISCHER, MAUREEN**  
**7504 BANYAN ST.**  
**FT. PIERCE FL 35941**

7. Name and Address of New Registered Agent

Name **Maureen Fischer**  
 Street Address (P.O. Box Number is Not Acceptable) **4534 6th Lane SW**  
 City **Vero Beach**      FL      Zip Code **32968**

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 **Maureen Fischer**      DATE **1-16-02**

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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	<b>PD</b> <b>AUSTIN, FRANCES M</b> <b>7504 BANYAN ST.</b> <b>FT. PIERCE FL 35941</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>AUSTIN, MAUREEN</b> <b>7504 BANYAN ST.</b> <b>FT. PIERCE FL 35941</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>austin, Frances m</b> <b>4534 6th Lane S.W</b> <b>Vero Beach FL 32968</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Fischer, Maureen</b> <b>4534 6th Lane SW</b> <b>Vero Beach FL 32968</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Maureen Fischer**      DATE: **1-16-02**      DAYTIME PHONE #: **5614683177**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

150001

CR2E034 (9/01)