FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 02, 2002 8:00 am Secretary of State DOCUMENT # P02000000056 1. Entity Name I-02-2002 90892 012 \*\*\*150 00 NADLOCK ENTERPRISES, INC. Principal Place of Business Mailing Address 5366 CONGO CT. 5366 CONGO CT. CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Cora L. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GANSERT, KNUT Street Address (P.O. Box Number is Not Acceptable) 5366 CONGO CT. CAPE CORAL FL 33904 Zip Code 8. The above name entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. NOFFICERS AND DIRECTORS 12. (9/01)TITLE Delete TITLE ☐ Change Addition MELZER,UWE GANSERT, KNUT NAME NAME 5366 CONGO CT. 5366 Congo Court Cape Cotal, Fl. 33904 STREFT ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TIT! F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Addition □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of 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 one affair with an address, with all other like empowered.