

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90045 046 ***150.00

DOCUMENT # P02000023888

1. Entity Name
NSMD FINANCIAL, INC.



Principal Place of Business
4456 LAKE CALABAY DR.
ORLANDO FL 32837

Mailing Address
4456 LAKE CALABAY DR.
ORLANDO FL 32837

2. Principal Place of Business
725, N. PINE HILLS RD;
Suite, Apt. #, etc.

3. Mailing Address
4456, LAKE CALABAY DR
Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number
41-2029354

Applied For
Not Applicable

Zip **32808** **Country** **U.S.A.**

Zip **32837** **Country** **U.S.A.**

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DR.
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name **N.S.M.D. FINANCIAL INC**
Street Address (P.O. Box Number is Not Acceptable)
4456, LAKE CALABAY DR;
City **ORLANDO,** **FL** **Zip Code** **32837**

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 *Nitin C Jaitly*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **JAITLY, NITIN C**
STREET ADDRESS **4456 LAKE CALABAY DR.**
CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE ☐ **Delete**
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03 (407) 532-0000

Date **Daytime Phone #**

CR2E034 (10/02)