


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-11-2003 90203 037 ***150.00

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| DOCUMENT # P02000103787 |  |
| 1. Entity Name NES CONSULTANTS, INCORPORATED | |

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| Principal Place of Business P.O. BOX 100731 FORT LAUDERDALE FL 33310 | Mailing Address P.O. BOX 100731 FORT LAUDERDALE FL 33310 |
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| 2. Principal Place of Business 5757 NW 50th Street Suite, Apt. #, etc. | 3. Mailing Address 5757 NW 50th Street Suite, Apt. #, etc. |
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☐ CHECK HERE IF MAKING CHANGES

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| City & State Coral Springs FL | City & State Coral Springs FL |
| Zip 33067 | Zip 33067 |


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| 4. FEI Number 37-144 3284 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SCHWARTZMAN, NEIL E P.O. BOX 100731 FORT LAUDERDALE FL 33310 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5757 NW 50th Street City Coral Springs FL Zip Code 33067 |
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| 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 fee if applicable. (NOTE: Registered Agent signature required when relinquishing) DATE 4/14/03 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SCHWARTZMAN, NEIL E P.O. BOX 100731 FORT LAUDERDALE FL 33310 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5757 NW 50th Street Coral Springs, Florida 33067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  4/14/03 9546846868 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |

CR2E034 (10/02)