

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/16/2

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90058 036 \*\*\*158.75

**DOCUMENT # P02000104394**

1. Entity Name  
**NINA PROPERTIES, INC.**



Principal Place of Business  
**117 S. ATLANTIC DRIVE  
LANTANA FL 33462**

Mailing Address  
**117 S. ATLANTIC DRIVE  
LANTANA FL 33462**



2. Principal Place of Business

3. Mailing Address

**117 So. Atlantic Dr.**

**SA me**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Lantana, Fla.**

Zip **33462** Country **USA**

Zip Country

4. FEI Number

**33-1026733**

Applied For

Not Applicable

5. Certificate of Status Desired

**X** **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COY, ANN  
117 S. ATLANTIC DRIVE  
LANTANA FL 33462**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

I, 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

**Anne Coy - Registered Agent**

**2-12-2003**

DATE

**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  
Trust Fund Contribution.

☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Delete  
NAME **Anne Coy**  
STREET ADDRESS **LANTANA**  
CITY-ST-ZIP **117 So. Atlantic Dr. FLA. 33462**

TITLE **Vice President** ☐ Delete  
NAME **GARY COY**  
STREET ADDRESS **LAKE WORTH**  
CITY-ST-ZIP **FLA. 33463**

TITLE **Secy. - TREAS.** ☐ Delete  
NAME **Nancy Coy**  
STREET ADDRESS **LAKE WORTH**  
CITY-ST-ZIP **FLA. 33463**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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.

GNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)