

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000111097

FILED
Mar 11, 2003
Secretary of State

Entity Name: NEVADA MUTUAL INC.

Current Principal Place of Business:

2145 SE SHELTER DRIVE
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

2145 SE SHELTER DRIVE
PORT SAINT LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 01-0747340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNOR, KATE
2145 SE SHELTER DRIVE
PORT SAINT LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: O'CONNOR, KATE
Address: 2145 SE SHELTER DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: D () Delete
Name: O'CONNOR, THOMAS
Address: 2145 SE SHELTER DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATE O'CONNOR

D

03/11/2003

Electronic Signature of Signing Officer or Director

Date