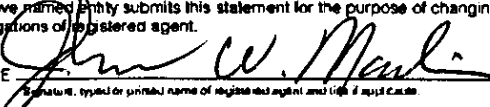
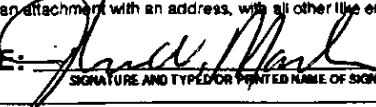


FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90472 010 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

90039341

DOCUMENT # P02000129992			
1. Entity Name NASHVILLE INVESTOR, INC.			
Principal Place of Business 9450 OLD DIXIE HIGHWAY LAKE PARK, FL 33403		Mailing Address 9450 OLD DIXIE HIGHWAY LAKE PARK, FL 33403	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. US Highway One, Suite F		Suite, Apt. #, etc. US Highway One, Suite F	
City & State North Palm Beach, FL		City & State North Palm Beach, FL	
Zip 33408		Zip 33408	
Country Palm Beach		Country Palm Beach	
4. FEI Number 51-0437115		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WRIGHT, K. HOPE 9450 OLD DIXIE HIGHWAY LAKE PARK, FL 33403		7. Name and Address of New Registered Agent Name John W. Marlin Street Address (P.O. Box Number is Not Acceptable) US Highway One, Suite F City North Palm Beach FL Zip Code 33408	
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 the registered agent. SIGNATURE  John W. Marlin 2/28/03 (NOTE: Registered Agent's signature required when submitting) DATE			
FILE NOW!!! FEB 16 \$150.00 After May 15, 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 NAME STREET ADDRESS CITY-ST-ZIP D MARLIN, PATRICIA A 1220 US HIGHWAY ONE, SUITE F NORTH PALM BEACH, FL 33408 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP P/D ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D/S John W. Marlin 1220 US Highway One, Suite F North Palm Beach, FL 33408 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:  John W. Marlin		2/28/03 561-776-8480	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CH2E034 (10/02)