

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90169 007 ***150.00

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AT

DOCUMENT # P02000133474

1. Entity Name
NEREIDS, INC.



Principal Place of Business
15170 70TH TRAIL NORTH
PALM BEACH GARDENS FL 33418
US

Mailing Address
15170 70TH TRAIL NORTH
PALM BEACH GARDENS FL 33418
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number Applied For Not Applicable

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

CHECK HERE IF MAKING CHANGES **Being**



6. Name and Address of Current Registered Agent

CHIPPAS-ROSS, LAURA
15170 70TH TRAIL NORTH
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 Laura Chippas Ross DATE 4-13-03

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CHIPPAS-REILLY, LINDA A	
STREET ADDRESS	20819 VIA MADEIRA DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHIPPAS-ROSS, LAURA	
STREET ADDRESS	15170 70TH TRAIL NORTH	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	Secretary & Treasurer	<input type="checkbox"/> Delete
NAME	Chippas Ross, Laura	
STREET ADDRESS	15170 70th Trail North	
CITY-ST-ZIP	P. B. Gardens FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Amanda Chippas Reilly DATE 4-13-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)