

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90012 045 ***150.00

DOCUMENT # P03000082227



1. Entity Name
NABIZADEH FAMILY PROPERTIES, INC.

Principal Place of Business
**3627 UNIVERSITY BLVD. SOUTH, STE. 545
JACKSONVILLE, FL 32216**

Mailing Address
**3627 UNIVERSITY BLVD. SOUTH, STE. 545
JACKSONVILLE, FL 32216**

44050006



2. Principal Place of Business
6816 Southpoint Parkway

3. Mailing Address
6816 Southpoint Parkway

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32216

Country
USA

Zip
32216

Country
USA

07142004 Chg-P CR2E034 (10/03)

4. FEI Number
03-0524441

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TIMOTHY P. KELLY, P.A.
1016 LASALLE ST.
JACKSONVILLE, FL 32207**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NABIZADEH, ARASTOO T
3627 UNIVERSITY BLVD. SOUTH, STE. 545
JACKSONVILLE, FL 32216** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NABIZADEH, ZAHRA P
3627 UNIVERSITY BLVD. SOUTH, STE. 545
JACKSONVILLE, FL 32216** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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)(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: **X Arastoo T. Nabizadeh** **7/20/2004** **(904) 281-1164**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #