

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90371 020 ***150.00

DOCUMENT # P93000059644

1. Entity Name
NANDEN, INC.

Principal Place of Business Mailing Address
319 HEMMINGWAY CT 319 HEMMINGWAY CT
OVIEDO FL 32765 OVIEDO FL 32765

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3199960** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RUSCITTI, DENNIS R
319 HEMMINGWAY CT
OVIEDO FL 32765

7. Name and Address of New Registered Agent

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution ☐ **\$5.00** May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D ☐ Delete
NAME	RUSCITTI, DENNIS R
STREET ADDRESS	319 HEMMINGWAY CT
CITY-STATE-ZIP	OVIEDO FL 32765
TITLE	D ☐ Delete
NAME	RUSCITTI, NANCY P
STREET ADDRESS	319 HEMMINGWAY CT
CITY-STATE-ZIP	OVIEDO FL 32765
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 I 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 697, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other I/we empowered.

SIGNATURE: *Dennis R Ruscitti* **DENNIS R RUSCITTI** 4-11-01 407-366-2213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/State/Phone #

CR2E034 (10/00)