

DOCUMENT #

P94000008464

1. Entity Name

NAI Investors, Inc.

Principal Place of Business

4531 Rosemere
Tampa FL 33609
US

Mailing Address

4531 Rosemere
Tampa, FL 33609-4209
US

2. Principal Place of Business

2202 N. Westshore Blvd. 5th FL 2202 N. Westshore Blvd.

3. Mailing Address

2202 N. Westshore Blvd.

Suite, Apt. #, etc.

5th FL

Suite, Apt. #, etc.

5th FL

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33607

Country

US

Zip

33607

Country

US

6. Name and Address of Current Registered Agent

Joseph J. Kadow
2202 N. Westshore Blvd., 5th FL
Tampa, FL 33607

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	Sullivan, Chris T.	2202 N. Westshore Blvd., 5th FL	Tampa, FL 33607

☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
VSTD	Kadow, Joseph J.	2202 N. Westshore Blvd., 5th FL	Tampa, FL 33607

☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

☐ Change ☐ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

☐ Change ☐ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

☐ Change ☐ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with a power of attorney.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

Date

813/282-1225

Daytime Phone #

FILED

01 APR 24 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3224674

Applied For

Not Applicable

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

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01 APR 24 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA200004190672-6
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4/24