FILED
Sep 15, 2003 8:00 am
Secretary of State
04-30-2003 90321 028 ***150.00

4/30

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: P94000031259

1. Entity Name
NOSIDNARG INVESTMENTS, INC.

[redacted]

[redacted]

Principal Place of Business	Mailing Address
8451 LEMONWOOD CT ORLANDO FL 32818 US	P. O. BOX 680213 ORLANDO FL 32868 US

2. Principal Place of Business	3. Mailing Address
8451-Lemonwood CT.	PoBox 68213
Suite, Apt. #, etc.	Suite, Apt. #, etc: Orlando, Fl. 32868
City & State: Orlando, Fl. 32818	City & State: Orlando, Fl.
Zip / Country: USA.	Zip: 32818 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3213350 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GRANDISON, WILLIAM G
8451 LEMONWOOD CT
ORLANDO FL 32818

7. Name and Address of New Registered Agent

Name: William Carter
Street Address: ... LN 32808
City: Orlando, Castlewood FL Zip Code: 32868

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.

8120 Castlewood Ln; Orl, Fl 32808

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
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GRANDISON, WILLIAM G	NAME	
STREET ADDRESS	8451 LEMON CT.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818	CITY-ST-ZIP	
TITLE	VSTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARTER, WILLIAM A	NAME	
STREET ADDRESS	8120 CASTLEWOOD LANE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32808	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: SIGNATURE REQUIRED ____ 4-29-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #