

AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 FEB 28 PM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000031629

1. Entity Name

NGE Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

821 Fifth Avenue South

Suite, Apt. #, etc.

Suite 201

City & State

Naples, Florida

Zip

34102

Country

USA

3. Mailing Address

821 Fifth Avenue South

Suite, Apt. #, etc.

Suite 201

City & State

Naples, Florida

Zip

34102

Country

USA

4. FEI Number

65-0487028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jeff M. Novatt

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

821 Fifth Avenue South, Suite 201

City

Naples

FL

Zip Code
34102

DO NOT WRITE
IN THIS SPACE

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/02

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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
P/D
Ginic, Nicole
821 Fifth Avenue South, Suite 201
Naples, Florida 34102

TITLE ✓
NAME
STREET ADDRESS
CITY - ST - ZIP
S
Michalup, Vanessa
821 Fifth Avenue South, Suite 201
Naples, Florida 34102

TITLE ✓
NAME
STREET ADDRESS
CITY - ST - ZIP
AS
Novatt, Jeff M.
821 Fifth Avenue South, Suite 201
Naples, Florida 34102

TITLE ✓
NAME
STREET ADDRESS
CITY - ST - ZIP
T
Michalup, Gabriel
821 Fifth Avenue South, Suite 201
Naples, Florida 34102

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

400005073724--2
-03/08/02--01068--014
*****61.25 *****61.25

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nicole Ginic, President

FEB. 26, 2002

Date

941-261-9300

Daytime Phone #

CR2E034B (12/01)