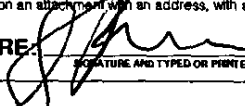


2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

80110942

DOCUMENT # P94000065311			
1. Entity Name NALTRON, CORPORATION			
Principal Place of Business 5401 W. KENNEDY BLVD 1060 TAMPA, FL 33609 US		Mailing Address 5401 W. KENNEDY BLVD 1060 TAMPA, FL 33609 US	
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 59-3267234		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENRY R. DOWD 6141 EAGLE ISLAND DR. LAND O'LAKES, FL 34639		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 _____ (NOTE: Registered Agent's signature required when withdrawing)			
DATE _____			
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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DS OSCAR A REYES 13201 SW 30 CT DAVIE, FL 33328			
DT ALAN M. FLEMING 416 RIO VILLA BLVD INDIALANTIC, FL			
PD NALLS, STEVEN P 23110 SR 54 #316 LUTZ, FL 33549			
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: 		Steven P. Nalls 4-29-03 813 287-1437	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	