

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P95000051087*

1. Entity Name

Nordex Research International, Inc.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90030 042 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

254 Meridianna Dr.

254 Meridianna Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Tallahassee, FL

Tallahassee, FL

4. FEI Number

Applied For

65-0606227

Not Applicable

Zip

Country

Zip

Country

32312

U.S.A.

32312

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Kimble Ainslie

Name

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

254 Meridianna Dr.

City

Tallahassee

FL

Zip Code

32312

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

\$5.00 May Be

Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *P* ☐ Delete
NAME *Kimble Ainslie*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *254 Meridianna Dr.*
CITY-ST-ZIP *Tallahassee, FL 32312*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kimble Ainslie

Date

Daytime Phone #

Apr 16/01 850-531-0880

CR2E034 (11/00)