

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000056389

1. Entity Name
NAZER FLORIDA, INC.



Principal Place of Business
12206 QUAIL RIDGE DRIVE
SPRING HILL, FL 34610

Mailing Address
12206 QUAIL RIDGE DRIVE
SPRING HILL, FL 34610 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 2244

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LAND O LAKES FL

Zip

Country

Zip

34639

Country

09282005

REIN-P

CR2E098 (6/04)

4. FEI Number
59-3446661

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARREJA, TIRSO M JR
501 EAST KENNEDY BLVD.
SUITE 1700
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name
S. L. STAFFORD
Street Address (P.O. Box Number is Not Acceptable)

15951 N. FLORIDA AVE

City
LUTZ

FL Zip Code
33549

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

[Signature]

S. L. STAFFORD

9-28-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SCHAAD, ADRIAN
12206 QUAIL RIDGE DRIVE
SPRING HILL, FL 34610 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200060352892
10/07/05--01041--006 **750.00

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 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/05

Date

Daytime Phone #

FILED
05 OCT -7 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

