

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90169 031 \*\*\*150.00

0461552 AV

**DOCUMENT # P96000058519**

1. Entity Name  
**NAMRAC, INC.**

Principal Place of Business

**9420 LAZY LANE  
 SUITE B2  
 TAMPA FL 33614  
 US**

Mailing Address

**5820 MARINER ST  
 TAMPA FL 33609  
 US**



2. Principal Place of Business

3. Mailing Address

**9420 LAZY LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE E-15**

**SUITE E-15**

City & State

City & State

**TAMPA FL**

Zip

Country

Zip

Country

**33614**

4. FEI Number

**59-3392406**

Applied For

Not Applicable

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

**DOMEDION, GEORGE P  
 5820 MARINER ST  
 TAMPA FL 33609**

Name

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

**1014 10th CIRCLE S/E**

City

**LARGO**

**FL**

Zip Code

**33771**

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, 2002 Fee will be \$550.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **DOMEDION, GEORGE P**  
 STREET ADDRESS **5820 MARINER ST**  
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☒ Change ☐ Addition  
 NAME **1014 10th CIRCLE S/E**  
 STREET ADDRESS **LARGO, FL 33771**  
 CITY-ST-ZIP **LARGO, FL 33771**

TITLE **VTS** ☐ Delete  
 NAME **CHRISTEN-DOMEDION, DEBORAH**  
 STREET ADDRESS **5820 MARINER ST**  
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☒ Change ☐ Addition  
 NAME **1014 10th CIRCLE S/E**  
 STREET ADDRESS **LARGO FL 33771**  
 CITY-ST-ZIP **LARGO FL 33771**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

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

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:

**GEORGE P. DOMEDION**

**3-20-02**

**813-240-2727**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)