

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

0180487 AV

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1. Entity Name
N.I.F. SERVICES OF FLORIDA, INC.



04-24-2003 90230 003 ***150.00

Principal Place of Business
316 E SEAVIEW DRIVE
DUCK KEY FL 33050

Mailing Address
316 E SEAVIEW DRIVE
DUCK KEY FL 33050



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0707049

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOGGIE, DENNIS
316 E SEAVIEW DRIVE
DUCK KEY FL 33050

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 P
NAME LOGGIE, DENNIS
STREET ADDRESS 316 E. SEAVIEW DR.
CITY-ST-ZIP DUCK KEY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME ORLANDO, MICHAEL A.
STREET ADDRESS 40 SOUNDVIEW CREST
CITY-ST-ZIP MANHASSET NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME ORLANDO, JOHN G.
STREET ADDRESS 6 MEDFORD LANE
CITY-ST-ZIP E. NORTHPORT NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/18/03

Date

36 365-7480

Daytime Phone #

CR2E034 (10/02)