## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

## **Secretary of State** P96000085185 1. Entity Name 03-13-2002 90105 031 \*\*\*150 00 NLT GUEST SERVICES, INC. Principal Place of Business Mailing Address 2091 DERBY GLEN DR 2091 DERBY GLEN DR ORLANDO FL 32837 ORLANDO FL 32837 2. Principal Place of Business 3. Mailing Address 5108 Lobo Court 5108 Lobo Court DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FE! Number 59-3365362 Orlando. Orlando, Not Applicable -Country Country Zip - -\$8.75 Additional 5. Certificate of Status Desired Fee Required 32819 32819 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LYTUS, NICOLA Street Address (P.O. Box Number is Not Acceptable) 5108 Lobo Court 2091 DERBY GLEN DR ORLANDO FL 32837 City Orlando Zip Code 32819 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State \$1. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PT **⊈** Change TITLE ☐ Delete TITLE NAME NAME LYTUS, NICOLA Nicola Lytus STREET ADDRESS 2091 DERBY GLEN DR STREET ADDRESS 5108 Lobo Court CITY-ST-ZIP CHY-ST-7/P ORLANDO FL 32837 Orlando, FL 32819 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: \_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 13, 2002 8:00 am