

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086615

1. Entity Name

NUVEND, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90016 031 ***150.00

Principal Place of Business 1500 COLONIAL BLVD SUITE 102 FORT MYERS FL 33907	Mailing Address 1500 COLONIAL BLVD SUITE 102 FORT MYERS FL 33907-1025
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0707893	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

YORK, TODD A
1500 COLONIAL BLVD
SUITE 102
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (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. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	TDV	<input type="checkbox"/> Delete
NAME	YORK, RONALD W	
STREET ADDRESS	1500 COLONIAL BLVD, STE 102	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	SDV	<input type="checkbox"/> Delete
NAME	YORK, MARCIA L	
STREET ADDRESS	1500 COLONIAL BLVD, STE 102	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	YORK, TODD A	
STREET ADDRESS	1500 COLONIAL BLVD STE 102	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	YORK, MARC S	
STREET ADDRESS	1500 COLONIAL BLVD STE 102	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Todd A. York **SIGNATURE REQUIRED** **TODD A. YORK** **1-18-00** **941-936-5556**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **219**

CR2E034 (9/99)