

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90377 018 ***550.00

DOCUMENT # P96000101061

1. Entity Name
SEVEN NATIONS, INC.

Principal Place of Business: **6238 BLUE CLAY CT. ORLANDO FL 32819**

Mailing Address: ~~6238 BLUE CLAY CT. ORLANDO FL 32819~~



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: **P.O. Box 770926**

Suite, Apt. #, etc.:

DO NOT WRITE IN THIS SPACE

City & State: **ORLANDO FL**

4. FEI Number: **59-3449288**

Applied For: Not Applicable

Zip: **32877-0926** Country: **USA**

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

6. Name and Address of Current Registered Agent

MCLEOD, KIRK A
6238 BLUE CLAY CT.
ORLANDO FL 32819

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: *Kirk McLeod* **KIRK MCLEOD** DATE: **7-2-02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE NAME | PD MCLEOD, KIRK | <input type="checkbox"/> Delete |
| STREET ADDRESS | 7680 UNIVERSAL BLVD, STE 565 | |
| CITY-ST-ZIP | ORLANDO FL 32819 | |
| TITLE NAME | D STRUBLE, JAMES | <input type="checkbox"/> Delete |
| STREET ADDRESS | 7680 UNIVERSAL BLVD, STE 565 | |
| CITY-ST-ZIP | ORLANDO FL 32819 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|--|
| TITLE NAME | PD KIRK McLeod | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 6238 BLUE CLAY CT. | |
| CITY-ST-ZIP | ORLANDO FL 32819 | |
| TITLE NAME | D JAMES STRUBLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 2587 SIGMA CT | |
| CITY-ST-ZIP | ORANGE PARK FL 32073 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *Kirk McLeod* **KIRK MCLEOD** DATE: **7/2/02** DAYTIME PHONE #: **407 856 8987**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)