2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051529 1. Entity Name N-VESTAMERICA, INC.				Secretary of State 02-27-2002 90076 028 ***150.00		
Principal Place of Business Mailing Address 2809 E. JACKSON STREET ORLANDO FL 32803 ORLANDO FL 32803						
2. Principal Place of Business		3. Mailing Address			{{U}	
Suite, Apt. #, etc. Suite,		Suite, Apt. #, etc.	-	DO NOT WRITE IN THIS S	DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-3450863	Applied For Not Applicable	
Zip	Country	Zip C	Country		\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	egistered Agent		7. Name and Address of New Registered	\gent	
			Name	Name		
JARRELL, BETTY P 2809 E. JACKSON STREET ORLANDO FL 32803			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
UHLANDU	J FL 32803		City	FL	Zip Code	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After May 1, 2002 I Make Check Payable to			Fee will be \$550.00 o Department of St	10. Election Campaign Financing Trust Fund Contribution.		
11.	OFFICERS AND DI		12.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JARRELL, BETTY P 5940 ROCKING HORSE ROAD ORLANDO FL 32817	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT JARRELL, JOHN W 5940 ROCKING HORSE ROAD ORLANDO FL 32817	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RISLEY, SCOTT J 4420 CALM WATER COURT 63: ORLANDO FL 328171 Ali Ali E. R.	3 N. Park Ave Park, Fl 32289	TITLE NAME STREET ADDRESS CITY-ST-ZIP	`.	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RISLEY, TINA L 4420 CALM WATER COURT ORLANDO FL 32817 WINGER	Delete 33 N. PARK Are PARK F1 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
indiantad	l on this roport or eupplemental roport is tr	uo and accurate and that my ci	ianatura chali hava tha	section 119.07(3)(i), Florida Statutes. I further cer e same legal effect as if made under oath; that I o7, Florida Statutes; and that my name appears i	am an officer or director 🔠	

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIDECTOR

Date Daytime Phone #