

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90171 007 ***150.00

DOCUMENT # P97000051529

1. Entity Name
N-VESTAMERICA, INC.



Principal Place of Business
**2809 E. JACKSON STREET
ORLANDO FL 32803**

Mailing Address
**2809 E. JACKSON STREET
ORLANDO FL 32803**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

815 Herndon Avenue

Suite, Apt. #, etc.
Suite 100

City & State
Orlando, FL

Zip
32803

Country
Orange

3. Mailing Address

815 Herndon Avenue

Suite, Apt. #, etc.
Suite 100

City & State
Orlando, FL

Zip
32803

Country
Orange

4. FEI Number **59-3450863**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**JARRELL, BETTY P
2809 E. JACKSON STREET
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

815 Herndon Avenue

Suite 100

City **Orlando**

FL

Zip Code **32803**

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

TITLE **PD** ☐ Delete
NAME **JARRELL, BETTY P**
STREET ADDRESS **5940 ROCKING HORSE ROAD**
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **AT** ☐ Delete
NAME **JARRELL, JOHN W**
STREET ADDRESS **5940 ROCKING HORSE ROAD**
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **TD** ☐ Delete
NAME **RISLEY, SCOTT J**
STREET ADDRESS **633 N PARK AVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **SD** ☐ Delete
NAME **RISLEY, TINA L**
STREET ADDRESS **633 N PARK AVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)