

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90062 043 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000050800** ✓
 1. Entity Name
NASSE CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3154 Gulf Breeze Pkwy.
 Suite, Apt. #, etc.

3. Mailing Address
3154 Gulf Breeze Pkwy.
 Suite, Apt. #, etc.

City & State
Gulf Breeze, FL

City & State
Gulf Breeze, FL

Zip
32561

Country
USA

4. FEI Number
59-3449996

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Nick Nasse

Street Address (P.O. Box Number is Not Acceptable)
3154 Gulf Breeze Pkwy.

City
Gulf Breeze FL Zip Code
32561

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

DATE _____

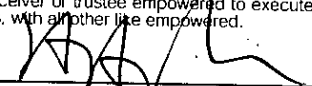
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 STREET ADDRESS CITY-ST-ZIP | Nasse, Nick.H. 3154 Gulf Breeze Pkwy. Gulf Breeze, FL 32561 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **05/28/02** (850)934-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/01)