

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90061 039 ***150.00

DOCUMENT # P98000000547

1. Entity Name
NITROSPORT MARKETING SERVICES, INC.

Principal Place of Business 602 INDIAN RIVER BLVD. STE 203 EDGEWATER FL 32141 US	Mailing Address 602 INDIAN RIVER BLVD. STE 203 EDGEWATER FL 32141 US
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2. Principal Place of Business 927 S. Ridgewood Ave Suite A-6	3. Mailing Address 927 S. Ridgewood Ave Suite A-6
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DO NOT WRITE IN THIS SPACE

City & State Edgewater, FL	City & State Edgewater, FL
Zip 32132	Country USA

4. FEI Number 59-3483669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**COTE-JARVIS, SHERRY
 602 INDIAN RIVER BLVD
 STE 201
 EDGEWATER FL 32141**

7. Name and Address of New Registered Agent
 Name
Sherry Cote-Jarvis
 Street Address (P.O. Box Number is Not Acceptable)
927 S. Ridgewood Ave, Suite A-6
 City
Edgewater FL Zip Code
32132

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: *Sherry Cote-Jarvis* DATE: **1/8/02**
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 STREET ADDRESS CITY-ST-ZIP	PSTD COTE, EDMOND H JR 1804 QUEEN PALM DRIVE EDGEWATER FL 32132 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Edmond H Cote Jr* DATE: **1/8/02** 386-428-4322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UNIFORM BUSINESS REPORT

CR2E034 (9/01)