

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028144

1. Entity Name  
NAM SAN CORP.

Principal Place of Business  
1123 DARTFORD DRIVE  
TARPON SPRINGS FL 34689

Mailing Address  
1123 DARTFORD DRIVE  
TARPON SPRINGS FL 34689

2. Principal Place of Business  
1123 DARTFORD DR  
Suite, Apt. #, etc.

3. Mailing Address  
JAME  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3502634

Applied For  
Not Applicable

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

Zip 34688

Country

Zip 34688

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GATES, RICHARD S  
1123 DART FORD DR  
TARPON SPRINGS FL 34689 8

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

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
D GATES, RICHARD  
STREET ADDRESS 1123 DARTFORD DRIVE  
CITY-ST-ZIP TARPON SPRINGS FL 34689 8

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 34688  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ 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: RICHARD S. GATES

1/4/02 727-934-1467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 08, 2002 8:00 am  
Secretary of State

01-08-2002 90030 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)