

FILED  
May 07, 2003 8:00 am  
Secretary of State

05-07-2003 90157 036 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P98000029772**

1. Entry Name  
**NEBULA MERCANTILE, INC.**

Principal Place of Business: 3008 IVEL DR, ORLANDO, FL 32808  
Mailing Address: 3008 IVEL DR, ORLANDO, FL 32808

2. Principal Place of Business: [Blank]  
Mailing Address: [Blank]

3. City & State: [Blank] City & State: [Blank]

4. FFL Number: 68-3585810 Applied For: [Blank] Not Applicable: [Blank]

5. Certificate of Status Desired: [Blank] \$8.75 Additional Fee Required: [Blank]

6. Name and Address of Current Registered Agent: DIEL, TIMOTHY P, 3008 IVEL DR, ORLANDO, FL 32808  
7. Name and Address of New Registered Agent: [Blank]

8. Signature: [Redacted]

9. Election Campaign Financing True Fund Contribution: [Blank] \$8.00 as my \$8 Added to Fees: [Blank]

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PRES NAME: DIEL, TIMOTHY P STREET ADDRESS: 3008 IVEL DR CITY-ST-SP: ORLANDO, FL 32808	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-SP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-SP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-SP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-SP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-SP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-SP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-SP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-SP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-SP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 193.07(5)(b), 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 687, Florida Statutes, and that my name appears in Block 10 or Block 11; changed, or on an amendment with an address, with another the corporation.

SIGNATURE: *Tim Diel* 4.30.03 407-340-0599

90131423



CHECK HERE IF MAKING CHANGES

QUESTION 11/12/03

X 20