

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000042368**1. Entity Name
X NEMESIS, INC.

Principal Place of Business

6137 PIERCE ST.

HOLLYWOOD
33024

FL

Mailing Address

6137 PIERCE ST.

HOLLYWOOD
33024

FL

2. Principal Place of Business
13063 MONTEGO STREET3. Mailing Address
13063 MONTEGO STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SPRING HILL

FL

City & State
SPRING HILL

FL

Zip
34609

Country

Zip
34609

Country

4. FEI Number
65-0877686

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MAYNARD JASON
6137 PIERCE ST.HOLLYWOOD
33024

FL

7. Name and Address of New Registered Agent

Name

MAYNARD JASON

Street Address (P.O. Box Number is Not Acceptable)
13063 MONTEGO STREETCity
SPRING HILL

FL

Zip Code
34609

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 _____ **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	MAYNARD BRAIN B	
STREET ADDRESS	6137 PIERCE ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	S	<input type="checkbox"/> Delete
NAME	MAYNARD DENISE B	
STREET ADDRESS	6137 PIERCE ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAYNARD JASON B	
STREET ADDRESS	6137 PIERCE ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYNARD BRAIN B	
STREET ADDRESS	13063 MONTEGO STREET	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYNARD DENISE B	
STREET ADDRESS	13063 MONTEGO STREET	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYNARD JASON B	
STREET ADDRESS	13063 MONTEGO STREET	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: DENISE B. MAYNARD

S

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)