## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P98000065640**

I. Entity Name

NASSAU BUSINESS CENTER, INC.



## FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90244 043 \*\*\*150.00

incipal Place of Business I.S. HWY. 17 N. ULEE FL 32041			P.O. E	Mailing Address P.O. BOX 1177 YULEE FL 32041-1177								
Principal Place of Business 3. Mailing Address								1 1801/801 181 (BIB) 101/4 18/4/ 01	<b>                                 </b>	A BANK BINK BI	, <b>)</b>	
Suite, Apt. #	#, etc.	$\overline{\ell}$	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State				4. FEI Number 59-3524712		Applied For Not Applicable		
320	97	Country	Zip C			Country			Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Re				gistered Agent			7. Name and Address of New Registered Agent					
						Name		•				
FORTIN, G 2288 ELIS				Street Addres			ress (P.O. B	ss (P.O. Box Number is Not Acceptable)				
YULEE FL 32097					City			FL	Zip Code	<u></u>		
						,				- Ilian unitab	and assent	
. The above the obligation	named entity ions of registe	submits this statemer ered agent.	nt for the purp	ose of changing its	register	ed office or re	gistered ag	ent, or both, in the State of Fl	orida. Tam iai	miliar willi, e	ind accept	
IGNATURE _		or printed name of registered a	agent and title if and	dicable (NOT	E- Registere	ed Agent signature	required when re	einstating)	DATE			
			ует вто то п врр					T			·	
After	May 1, 200	! FEE IS \$150.00 3 Fee will be \$550. Florida Departmer	.00 nt of State					Selection Campaign Fi Trust Fund Contribution			<b>0</b> May Be I to Fees	
			AND DIRECTO	BS	11.		AD	DDITIONS/CHANGES TO OF	FICERS AND D	IRECTORS	3 IN 11	
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NAME						REET ADDRESS						

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #