FILED
Apr 09, 2003 8:00 am
Secretary of State
04-09-2003 90198 048 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074714

1. Entity Name

NDFI, INC.

10062852

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7103 POND CYPRESS COURT	7103 POND CYPRESS COURT
Suite, Apt. #, etc.: APT 102	Suite, Apt. #, etc.: APT 102
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34109-7862 Country:	Zip: 34109-7862 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0859590 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: STEVEN M. QUINN

Street Address (P.O. Box Number is Not Acceptable): 7103 POND CYPRESS COURT

APT 102

City: NAPLES **FL** Zip Code: 34109-7862

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P,D,S STEVEN M. QUINN 7103 POND CYPRESS COURT NAPELS, FL 34109-7862	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven M. Quinn 4/5/03 239-825-6753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1