

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000091744**1. Entity Name
NLS ASSET MANAGEMENT CORP.Principal Place of Business
**4951 WINDOR PARK
SARASOTA FL 34235-2610**Mailing Address
**4951 WINDOR PARK
SARASOTA FL 34235-2610****FILED**
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90025 007 ***158.75

623194

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 11-2965228	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent**FRAZIER, S. KATHERINE
101 E. KENNEDY BLVD.
SUITE 3700
TAMPA FL 33602****7. Name and Address of New Registered Agent**

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, 2001 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	P	TITLE	☐ Change ☐ Addition
NAME	CLOSE, NANCY L	NAME	
STREET ADDRESS	4951 WINDSOR PACK	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34235	CITY-ST-ZIP	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	CLOSE, MICHAEL J	NAME	
STREET ADDRESS	4451 WINDSOR PACK	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34235	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:****Nancy L. Close**
NANCY L. CLOSE**2/8/01**
Date**9413420550**
Daytime Phone #

CR2E034 (10/00)