

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

DOCUMENT # **P99000007011**

1. Entity Name  
**NANDONNS, INC.**



Principal Place of Business  
**4836-BONITA BEACH RD., STE. 6  
BONITA SPRINGS FL 34134  
9220 Bonita Beach Rd #101  
Bonita Springs, Fl 34135**

Mailing Address  
**4836-BONITA BEACH RD., STE. 6  
BONITA SPRINGS FL 34134  
9220 Bonita Beach Rd #101  
Bonita Springs, Fl 34135**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number **59-3556345**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SPEAR, JOHN D  
9200 BONITA BEACH RD., STE. 204  
BONITA SPRINGS FL 34135**

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. 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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE ✓ D  
NAME BORDNER, DONALD B  
STREET ADDRESS 4836-BONITA BEACH RD., STE. 6  
CITY-ST-ZIP BONITA SPRINGS FL 34134**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

**TITLE D  
NAME BORDNER, NANCY J  
STREET ADDRESS 4836-BONITA BEACH RD., STE. 6  
CITY-ST-ZIP BONITA SPRINGS FL 34134**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

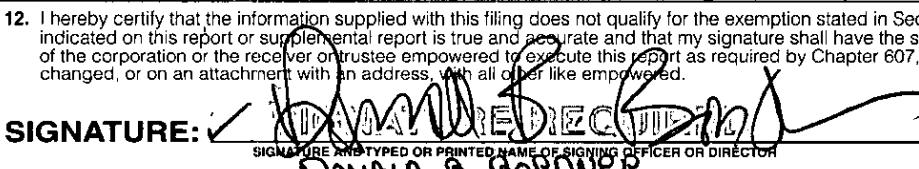
**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND/TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-03

299-498-2100

Daytime Phone #

CR2E034 (10/02)

FLORIDA  
DEPARTMENT OF  
STATE  
REGISTRATION