

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91030 049 ***150.00

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

DOCUMENT # P99000028463		30050802	
1. Entity Name NUNRIG INVESTMENTS, INC.			
Principal Place of Business 130 NE 4TH AVE DEERFIELD BEACH, FL 33441		Mailing Address P.O. BOX DEERFIELD BEACH, FL 33442	
2. Principal Place of Business		3. Mailing Address Box 5032	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State DEERFIELD BEACH FL	
Zip		Zip 33442	
Country		Country	
4. FEI Number 65-0906532		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIRNUN, MORRIS A 130 NE 4TH AVE DEERFIELD BEACH, FL 33441		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: DATE: 4/1/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing.)</small>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
FILE NOW! FEE IS \$150.00 <small>After May 1, 2003 fees will be \$50.00 Make check payable to Florida Department of State</small>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTs GIRNUN, RENE' 130NE 4TH AVE DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		DATE: 4/1/03	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

CH2E034 (10/02)