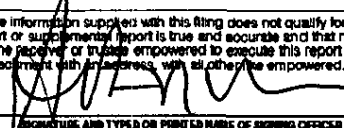


FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90094 015 ***150.00

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

DOCUMENT # P99000038074		
1. Entity Name NMT ENTERPRISES, INC.		
Principal Place of Business 1250 BELLE AVE # 109 WINTER SPRINGS, FL 32708		Mailing Address 1250 BELLE AVE # 109 WINTER SPRINGS, FL 32708
2. Principal Place of Business 1732 TIMOCUAN WAY		3. Mailing Address 1732 TIMOCUAN WAY
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State LONGWOOD FL		City & State LONGWOOD, FL
Zip 32750		Country USA
4. FEE Number 59-3572780		Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TILIAKOS, NICHOLAS 1250 BELLE AVENUE #109 WINTER SPRINGS, FL 32708		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1732 TIMOCUAN WAY City LONGWOOD FL Zip Code 32750
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's signature required when completed) DATE		
		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	CEO TILIAKOS, NICHOLAS M 1250 BELLE AVENUE #109 WINTER SPRINGS, FL 32708 NEW ADDRESS	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1732 TIMOCUAN WAY LONGWOOD, FL 32750	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 signature empowered.		
SIGNATURE: 		4-11-03 Daytime Phone: 407-699-4747

90087134



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)