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.

90087134

Principal Place of Business	Mailing Address
1250 BELLE AVE # 109 WINTER SPRINGS, FL 32708	1250 BELLE AVE # 109 WINTER SPRINGS, FL 32708

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1732 TIMOCUAN WAY	1732 TIMOCUAN WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LONGWOOD, FL	City & State: LONGWOOD, FL
Zip: 32750 Country: USA	Zip: 32750 Country: USA

4. FEI 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~~
ADDRESS CHANGE →

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 signature required when reinstating) DATE

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	CEO ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TILIAKOS, NICHOLAS M	NAME	
STREET ADDRESS	1250 BELLE AVENUE # 109 NEW ADDRESS →	STREET ADDRESS	1732 TIMOCUAN WAY
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	CITY-ST-ZIP	LONGWOOD, FL 32750
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	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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

SIGNATURE: [signature] 4-11-03 407-699-4747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #