

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State
 04-04-2002 90011 020 ***150.00

NR020201 AV

DOCUMENT # P99000038822

1. Entity Name
NOMAS COM ISLA COMPANY

Principal Place of Business
215 MARLBOROUGH ROAD
WEST PALM BEACH FL 33405

Mailing Address
215 MARLBOROUGH ROAD
WEST PALM BEACH FL 33405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-1963320

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

020001



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OGLE, JAMES L
215 MARLBOROUGH ROAD
WEST PALM BEACH FL 33405

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, 2002 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 PS ☐ Delete
NAME OGLE, SUSAN M
STREET ADDRESS 215 MARLBOROUGH RD
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME OGLE, JAMES L
STREET ADDRESS 215 MARLBOROUGH RD
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

561-838-9433

Date

Daytime Phone #

CR2E034 (9/01)