

2000 UNIFORM BUSINESS REPORT (UBR)

5A

DOCUMENT # P99000042269

1. Entity Name

NILSSON TRUST, INC.

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FILED
Jul 18, 2000 8:00 am
Secretary of State

05-08-2000 90119 009 ***150.00

Principal Place of Business

Mailing Address

896 N. FEDERAL HWY. STE. 623
POMPANO BEACH FL 33062

896 N. FEDERAL HWY. STE. 623
POMPANO BEACH FL 33062-4316

2. Principal Place of Business

3. Mailing Address

P.O. Box 1420

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

POMPANO BEACH FL

FEI Number 651013286

Applied For
Not Applicable

Zip

Country

Zip

Country

33441 BROWARD.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHREIBER, ANDRIES

896 N. FEDERAL HWY. STE. 623
POMPANO BEACH FL 33062

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]

(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, 2000 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	PRESIDENT	☐ Delete
NAME	SCHREIBER ANDRIES	
STREET ADDRESS	1609 RIVERVIEW RD APT # 720	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	V. PRESIDENT	☐ Delete
NAME	SCHREIBER FRANCES J	
STREET ADDRESS	1609 RIVERVIEW RD APT # 720	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #