

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90145 026 ***150.00

DOCUMENT # P99000042269

1. Entity Name
NILSSON TRUST, INC.

Principal Place of Business
896 N. FEDERAL HWY. STE. 623
POMPANO BEACH FL 33062

Mailing Address
P.O. BOX 1420
POM PANO BEACH FL 33441

2. Principal Place of Business
1629 RIVERVIEW ROAD

3. Mailing Address
 Suite, Apt. #, etc.

Suite, Apt. #, etc.
APT # 720

City & State
DEERFIELD BEACH FL

Zip
33441

Country
BROWARD.

Zip
 Country

4. FEI Number **65-1013286**

Applied For
 Not Applicable

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 *Andries Schreiber* **ANDRIES SCHREIBER** **04.16.2001.**
 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P ANDRIEST, SCHEIBER 1629 RIVERVIEW RD APT #720 DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANCES, SCHREIBER I 1629 RIVERVIEW RD APT #720 DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Andries Schreiber*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04:16:2001 (954) 427-5844.
 Date Daytime Phone #

CR2E034 (10/00)