

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 10, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000055849****1. Entity Name**
NATIONSGROUP.COM, INC.**Principal Place of Business**

3170 N FEDERAL HWY, STE 116

LIGHTHOUSE POINT
33064

FL

Mailing Address

3170 N FEDERAL HWY, STE 116

LIGHTHOUSE POINT
33064

FL

2. Principal Place of Business
4628 NORTH FEDERAL HIGHWAY**3. Mailing Address**
4628 NORTH FEDERAL HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LIGHTHOUSE POINT

FL

City & State
LIGHTHOUSE POINT

FL

4. FEI Number
65-0918160**Applied For**
Not Applicable**Zip**
33064**Country****Zip**
33064**Country****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**LOREN RANDY A
2401 NE 45TH STLIGHTHOUSE POINT
33064

FL

US

7. Name and Address of New Registered Agent**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 RANDY A. LOREN**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

03/10/2000

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****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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)(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:** Randy A. Loren**DATE:** 03/10/2000