2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 12, 2000 8:00 am
Secretary of State
04-21-2000 90002 006 ***150.00

DOCUMENT # P99000107370

1. Entity Name
NIMBUS INC.

Principal Place of Business
156 GREYMON DR.
WEST PALM BEACH FL 33405

Mailing Address
156 GREYMON DR.
WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 156 GREYMON DR.
Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FLORIDA
Zip: FL, 33405 Country: U.S.A.

3. Mailing Address: 156 GREYMON DR.
Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL.
Zip: 33405 Country: U.SA.

4. FEI Number: 65-0312746 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
RIZOV, JOLANTA
156 GREYMON DR.
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent
Name: IVAN RIZOV
Street Address (P.O. Box Number is Not Acceptable): 156 GREYMON DR
City: WEST PALM BEACH FL Zip Code: 33405

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] - IVAN RIZOV DATE: 04-13-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	IVAN RIZOV - PRESIDENT 156 GREYMON DR. WEST PALM BEACH, FL-33405 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] - IVAN RIZOV 04-13-00 561-6550955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #