## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

S04895 **DOCUMENT#** 

1. Entity Name

NOUVEAU ASSOCIATES, INC.



## **FILED** Apr 15, 2003 8:00 am Secretary of State

04-15-2003 90097 034 \*\*\*150.00

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Principal Place of Business 4382 GLENEAGLES DR BOYNTON BEACH FL 33436 US 2. Principal Place of Business			Mailing Address 4382 GLENEAGLES DR BOYNTON BEACH FL 33436 US  3. Mailing Address							
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Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. f	FEI Number 65-0217429	<del></del>	pplied For ot Applicable	
Zip Country			Zip Country			5. (	Certificate of Status Desired	<b>\$8.75</b> Ad	ditional	
. 6. Name	and Address of Current	Registere	ed Agent			7. P	Name and Address of New Registered	Agent		
					Name					
r, robert					(DO Brown and Advantable)					
NEAGLES [	)R		Street Address			(P.O. Box Number is Not Acceptable)				
N BEACH FL	. 33436				·					
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					City		Fi	Zip Cod	:e	
		r the purp	oose of changing its	registere	ed office or regist	ered ag	gent, or both, in the State of Florida. I am	familiar with,	and accept	
	or printed name of registered agent a	ind title if app	olicable. (NOTE	: Registere	d Agent signature require	ed when re	einstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00			4		<del></del>	9. Election Campaign Financing		00 May Be		
k Payable to	Florida Department of	State					nust Fund Commodion.	_ Adde	J IO Fees	
10. OFFICERS AND I			DRS		AD	DDITIONS/CHANGES TO OFFICERS AN	DIRECTOR	S IN 11		
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	GLES DR ACH FL 33436 Place of Busin #, etc.  6. Name  7. ROBERT NEAGLES IN BEACH FL Control of registre Signature, typed of Payable to  D LINSCOTT 4382 GLEN	GLES DR ACH FL 33436  Place of Business  #, etc.  The Country  6. Name and Address of Current of the Country  6. Name and Address of Current of the Current of the Country  NEAGLES DR N BEACH FL 33436  Promote the Country of the Current of the Cur	GLES DR ACH FL 33436  Place of Business  #, etc.  Country  Country	GLES DR ACH FL 33436  Place of Business  3. Mailing Address #, etc.  Country  G. Name and Address of Current Registered Agent  F. ROBERT  NEAGLES DR N BEACH FL 33436  Place of registered agent  F. ROBERT  NEAGLES DR N BEACH FL 33436  Place of registered agent  F. ROBERT  NEAGLES DR N BEACH FL 33436  Place of registered agent  F. ROBERT  NEAGLES DR N BEACH FL 33436  Place of registered agent  F. ROBERT  NEAGLES DR N BEACH FL 33436  Place of Business  Gregistered Agent  F. ROBERT  NEAGLES DR N BEACH FL 33436  Place will be \$550.00  K Payable to Florida Department of State  OFFICERS'AND DIRECTORS  DLINSCOTT, ROBERT  4382 GLENEAGLES DR BOYNTON BEACH FL 33436  Delete  Delete  Delete	GLES DR ACH FL 33436  ACH FL 33436  Place of Business  3. Mailing Address #, etc.  Clty & State  Country  Zip  Country  Zip  Country  Zip  Country  Assart Registered Agent  F, ROBERT  NEAGLES DR N BEACH FL 33436  Paramed entity submits this statement for the purpose of changing its registered agent.  Signature, typed or printed name of registered agent and title if applicable.  (NOTE Registered Agent)  The May 1, 2003 Fee will be \$550.00  R Payable to Florida Department of State  OFFICERS AND DIRECTORS  D Delete  TITLE  NAM STRE CITY  DELET  DELET  TITLE  NAM STRE CITY  DELET  DELET  TITLE  NAM STRE CITY  DELET  DELET  DELET  DE	ACH FL 33436  ACH FL 33436  Place of Business  3. Mailing Address #, etc.  Suite, Apt. #, etc.  Country  Zip  Country  Zip  Country  Zip  Country  Ame  Street Address  Street Address  City  Apent and entity submits this statement for the purpose of changing its registered office or regist tions of registered agent.  Signature, typed or printer name of registered apent and site if expolicable  (MOTE Replatered Agent alignature required to printer a name of the purpose of changing its registered office or regist tions of registered agent.  Signature, typed or printer name of registered apent and site if expolicable  (MOTE Replatered Agent alignature required to printer a name of the printer and site if expolicable  City  ILE NOW!!! FEE IS \$150.00  Reayable to Florida Department of State  OFFICERS AND DIRECTORS  Delete  ITILE  NAME  STREET ADDRESS  CITY - ST - ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  Delete	ACH FL 33436  ACH FL 33436  Place of Business  #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Street Address of Current Registered Agent  T,  ROBERT  NEAGLES DR  N BEACH FL 33436  City  Paper and Address of Current Registered Agent  T,  ROBERT  NEAGLES DR  N BEACH FL 33436  City  Paper and Address of Current Registered Agent  FROM BEACH FL 33436  City  Paper and Address of Current Registered Agent  FROM BEACH FL 33436  City  City  City  City  Paper and Address of Current Registered Agent Agent Address (P.O. E.  Signature, typed or prietted name of registered agent and title if applicable  FROM BEACH FL 33436  City  The NOW!!! FEE IS \$150.00  F May 1, 2003 Fee will be \$550.00  K Payable to Florida Department of State  OFFICERS AND DIRECTORS  D Delete  ITILE  NAME  STREET ADDRESS  CITY-51-2P  Delete  TITLE  NAME  STREET ADDRESS  CITY-51-2P  Delete  TITLE  NAME  STREET ADDRESS  CITY-51-2P  Delete  NAME  STREET ADDRESS  CITY-51-2P	ACH FL 33498  BOYNTON BEACH FL 33498  Place of Business  3. Mailing Address  #, etc.  City & State  Country  Country  Zip  Country  Size Country  5. Certificate oil Status Desired  City & State  Country  5. Certificate oil Status Desired  A. FEI Number 65-0217429  Country  5. Certificate oil Status Desired  7. Name and Address of New Registered Agent  INTER Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  International of registered agent, or both, in the State of Florids. Lem  corp. of registered agent, or both, in the State of Florids. Lem  corp. of registered agent, or both, in the State of Florids. Lem  corp. of registered agent, or both, in the State of Florids. Lem  corp. of registered agent, or both, in the State of Florids. Lem  corp. of registered agent, or both, in the State of Florids. Lem  corp. of registered agent, or both, in the State of Florids. Lem  corp. of registered agent, or both, in the State of Florids. Lem  corp. of registered agent, or both, in the State of Florids. Lem  corp. of registered agent, or both, in the State of Florids. Lem  corp. of registered agent, or both, in the State of Florids. Lem  corp. of registered agent, or both, in the State of Florids. Lem  corp. of registered agent, or both, in the State of Florids. Lem  corp. of registered agent, or both, in the State of Florids. Lem  corp. of registered agent, or both, in the State of Florids. Lem  corp. of registered agent, or both, in the State of Florids. 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of the corporation or the receiver of trustees importered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other life in the changed.

SIGNATURE: