

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S84743**

1. Entity Name
NENA INTERNATIONAL, INC.



Principal Place of Business
**2989 STATE RD 434 W
200
LONGWOOD FL 32779
US**

Mailing Address
**2989 STATE RD 434 W
200
LONGWOOD FL 32779
US**

2. Principal Place of Business
**920 BRITT COURT
Suite, Apt. #, etc.
#128**

3. Mailing Address
**920 BRITT COURT
Suite, Apt. #, etc.
#128**

City & State
ALTAMONT SPRINGS

City & State
ALTAMONT SPRINGS

Zip Country
32701 USA

Zip Country
32701 USA

4. FEI Number **65-0287534**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAJEUNESSE, MARC
1920 REDWOOD GROVE TERRACE
LAKE MARY FL 32746**

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. I am familiar with, and accept the obligations of, the registered agent.

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

(NOTE: Registered Agent signature required when re-registering)

DATE **4/22/03**

**FILE NO. !!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **TORRES, ADRIANA**
STREET ADDRESS **1920 REDWOOD GROVE TERRACE**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **P** ☐ Delete
NAME **LAJEUNESSE, MARC**
STREET ADDRESS **1920 REDWOOD GROVE TERRACE**
CITY-ST-ZIP **LAKE MARY FL 32746**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **100022068281**
STREET ADDRESS **03/05/03--01008--034 **150.00**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/22/03**

Daytime Phone # **(407) 452-9115**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03 JUL 25 PM 1:55

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