2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90171 045 ***150.00

DOCUMENT # V13774

1. Entity Name
R.A. NASS MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
300 LAUREL RIDGE RD REINHOLDS PA 17569-0342	PO BOX 342 REINHOLDS PA 17569 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
1075 Airport Terminal Dr		P.O. Box 529	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DELAND, FL		City & State: DELAND, FL	
Zip: 32724	Country: USA	Zip: 32724	Country: USA

4. FEI Number 59-3105286 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LICHTMAN, JONATHAN J P.A.
120 E PALMETTO PARK RD
SUITE 100
BOCA RATON FL 33432-0000

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 registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	NASS, ROBERT A	NAME	
STREET ADDRESS	P.O. BOX 96 N/A	STREET ADDRESS	P.O. Box 244
CITY-ST-ZIP	REINHOLDS PA 17569	CITY-ST-ZIP	DELAND, FL 32724
TITLE	S ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	NASS, KERI L	NAME	
STREET ADDRESS	PO BOX 96	STREET ADDRESS	P.O. Box 244
CITY-ST-ZIP	REINHOLDS PA 17569	CITY-ST-ZIP	DELAND, FL 32724
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 Robert A Nass 4/22/03 (561) 865 5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)