

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90096 024 ***550.00

DOCUMENT # V15084

1. Entity Name
INSHALLAH INC.

Principal Place of Business

**2135 SCHWAB CT.
PENSACOLA FL 32504**

Mailing Address

**2135 SCHWAB CT.
PENSACOLA FL 32504**

2. Principal Place of Business

708 Meadowview Lane

3. Mailing Address

708 Meadowview Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Pensacola FL

City & State
Pensacola FL

4. FEI Number
59-3107863

Applied For
Not Applicable

Zip
32514

Country
Escambia

Zip
32514

Country
Escambia

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

6. Name and Address of Current Registered Agent

**NHUNG, NGUYEN
3005 JUNCTION DR
CANTONMENT FL 32533**

7. Name and Address of New Registered Agent

Name
KIM NHUNG NGUYEN

Street Address (P.O. Box Number is Not Acceptable)
708 MEADOWVIEW LANE

City **PENSACOLA** **FL** Zip Code **32514**

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

8/26/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
NAME **D**
STREET ADDRESS **NGUYEN, NHUNG**
CITY-ST-ZIP **2135 SCHWAB CT
PENSACOLA FL 32504**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/02

Date

304-3752

Daytime Phone #

CR2E034 (4/02)