

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000010973

Entity Name: NOMADSTUDIO, INC.

Current Principal Place of Business:

4745 126TH AVE N
CLEARWATER, FL 33762

Current Mailing Address:

P.O. BOX 782
ST. PETERSBURG, FL 33731 US

FEI Number: 46-4322352

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BOUCHER, CAROLYN P
12450 JULIA ST
SEMINOLE, FL 33772 US

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: CAROLYN P BOUCHER

04/11/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name CURRAN, LESLIE
Address P.O. BOX 782
City-State-Zip: ST. PETERSBURG FL 33731

Title TD
Name RUTISHAUSER, DANIEL S
Address P.O. BOX 782
City-State-Zip: ST. PETERSBURG FL 33731

Title DIRECTOR
Name KEOGH, TIMOTHY
Address P.O. BOX 782
City-State-Zip: ST. PETERSBURG FL 33731

Title EXECUTIVE DIRECTOR
Name BOUCHER, CAROLYN P
Address PO BOX 782
City-State-Zip: ST PETERSBURG FL 33731

Title DIRECTOR
Name HORCHA, AARON
Address P.O. BOX 782
City-State-Zip: ST. PETERSBURG FL 33731

Title DIRECTOR
Name CABEZAS, ANA
Address P.O. BOX 782
City-State-Zip: ST. PETERSBURG FL 33731

Title DIRECTOR
Name MCFARLANE, MICHELLE
Address P.O. BOX 782
City-State-Zip: ST. PETERSBURG FL 33731

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROLYN P BOUCHER

EXECUTIVE DIRECTOR

04/11/2023

Electronic Signature of Signing Officer/Director Detail

Date