

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F00000001194**

1. Entity Name
NATIONAL ENTERPRISES SYSTEMS, INC.

Principal Place of Business
**5311 NORTHFIELD RD. STE 302
CLEVELAND OH 44146**

Mailing Address
**5311 NORTHFIELD RD. STE 302
CLEVELAND OH 44146**

2. Principal Place of Business
29125 Solon Rd.
Suite, Apt. #, etc.

3. Mailing Address
29125 Solon Rd.
Suite, Apt. #, etc.

City & State
Solon, OHIO

City & State
Solon, Ohio

4. FEI Number **34-1556903**

Applied For
 Not Applicable

Zip **44139** Country **Cuyahoga**

Zip **44139** Country **Cuyahoga**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

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

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 12, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PT POLLAK, ERNEST R	32948 LINDEN	SOLON OH	<input type="checkbox"/>
			44139	
	VS POLLAK, ELLEN	32948 LINDEN	SOLON OH	<input type="checkbox"/>
			44139	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Same	36100 Spatterback	Same	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Same	36100 Spatterback	Same	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**000004609720--0
-09/25/01--01015--006
****550.00 ****550.00**

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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] **DATE REQUIRED** **9/10/01** **440-542-1360**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 20 PM 3:44



DO NOT WRITE IN THIS SPACE

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