2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K53352** 1. Entity Name NATIONAL SERVICE & MERCHANDISING, INC. Principal Place of Business Mailing Address P. O. BOX 181421 P. O. BOX 181421 CASSELBERRY FL 32718-1421 CASSELBERRY FL 32718-1421 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Country

GIESBRANDT, RICHARD J.

9. This corporation is eligible to satisfy its Intangible

GIESBRANDT, RICHARD J.

984 OAKPOINTE VIEW CT.

107 OAKLEAF LANE

SANFORD, WILLIAM

LONGWOOD FL

APOPKA FL

Tax filing requirement and elects to do so.

(See criteria on back)

107 OAKLEAF LANE LONGWOOD FL 32779

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

City & State

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Delete

☐ Delete

☐ Delete

Delete

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

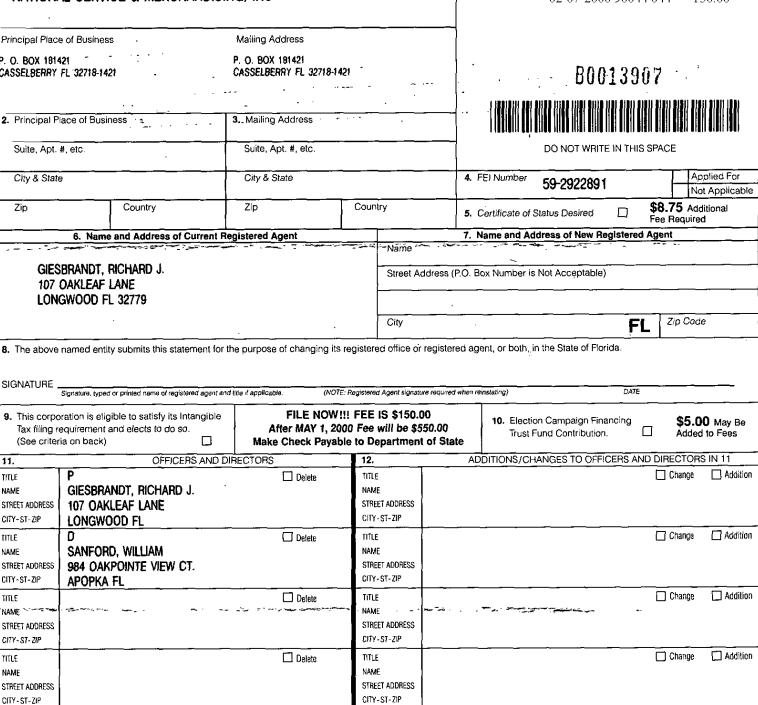
CITY-ST-ZIP

CITY-ST-ZIP

City

FILED Feb 07, 2000 8:00 am Secretary of State

02-07-2000 90044 044 ***150.00



☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADORESS 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR