

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90184 028 ***150.00

DOCUMENT # P37142

1. Entity Name

NATIONAL ELECTRONICS WARRANTY CORPORATION OF FLO

Principal Place of Business

**44873 FALCON PLACE, SUITE 174
 STERLING VA 20166
 US**

Mailing Address

**44873 FALCON PLACE, SUITE 174
 STERLING VA 20166
 US**

UUU15773



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-1627746**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MEENAN, TIMOTHY
 204 S. MONROE STREET
 TALLAHASSEE FL 32302-3068**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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 **D** Delete
 NAME **SCHAUFELD, FREDERICK D**
 STREET ADDRESS **44873 FALCON PLACE, #174**
 CITY-ST-ZIP **STERLING VA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **NADER, ANTHONY P**
 STREET ADDRESS **44873 FALCON PLACE, #174**
 CITY-ST-ZIP **STERLING VA 20166**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VS** Delete
 NAME **HORVATH, ROBERT D JR**
 STREET ADDRESS **44873 FALCON PLACE**
 CITY-ST-ZIP **STERLING VA 20166**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VTD** Delete
 NAME **WHITE, CLIFFORD A**
 STREET ADDRESS **44873 FALCON PLACE, #174**
 CITY-ST-ZIP **STERLING VA 20166**

TITLE **VTDS** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **BLOOM, MARTIN**
 STREET ADDRESS **44873 FALSON PLACE**
 CITY-ST-ZIP **STERLING VA 20166**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **LD LIGHT, NATHAN A.**
 STREET ADDRESS **44873 Falcon Place**
 CITY-ST-ZIP **Sterling, VA 20166**

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

1/19/01

Date

203-318-7700

Daytime Phone #

CR2E034 (10/00)