

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90337 015 ***150.00

DOCUMENT # P93000052009

1. Entity Name
NCC, INC.



Principal Place of Business
**2150 WHITFIELD INDUSTRIAL WAY
STE 100
SARASOTA, FL 34243 US**

Mailing Address
**PO BOX 12566
ST PETERSBURG, FL 33733 US**

2. Principal Place of Business
2150 Whitfield Industrial Way
Suite, Apt. #, etc.

3. Mailing Address
2150 Whitfield Industrial Way
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Sarasota, FL
Zip
34243 Country
US

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Sarasota, FL
Zip
34243 Country
US

4. FEI Number
59-3191697 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**DOBIESZ, NORMAN R
2150 WHITFIELD INDUSTRIAL WAY
SARASOTA, FL 34243**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when withdrawing)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOBIESZ, NORMAN R 2150 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT DOBIESZ, MAUREEN D 2150 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2034 (10/02)