

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90137 021 ***150.00

DOCUMENT # P96000050900

1. Entity Name
NCG HOLDINGS, INC.

Principal Place of Business Mailing Address
~~2252 KILLEARN CTR. BLVD STE 1A~~ **4138 Neil Ct.** ~~2252 KILLEARN CTR. BLVD STE 1A~~ **4138 Neil Ct.**
TALLAHASSEE FL 32308 32303 **TALLAHASSEE FL 32308 32303**
US **US**

020011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4138 Neil Ct. **4138 Neil Ct.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tallahassee FL **Tallahassee FL**
 Zip Country Zip Country
32303 **USA** **32303** **USA**

4. FEI Number Applied For
59-3383619 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCWILLIAMS, SHANNON P
4138 NEIL COURT
TALLAHASSEE FL 32303

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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

TITLE	P	<input type="checkbox"/> Delete
NAME	MCWILLIAMS, SHANNON	
STREET ADDRESS	4138 NEIL COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JONES, ROBERT E. J	
STREET ADDRESS	ROUTE 5, BOX 5235	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DELVECCHIO, JOHN A	
STREET ADDRESS	1685 FOLKSTONE ROAD 2235 Ten Oaks Dr.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE: *S. Williams* Date: 2-20-01 Daytime Phone #: 850.219.5109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)