## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # \$59273** Feb 24, 2000 8:00 am Secretary of State NFS OF BROWARD, INC. 02-24-2000 90065 039 \*\*\*150.00 Mailing Address Principal Place of Business - EISENHOWER BLVD. 111 SIXTH ST **CAMBRIDGE MA 02141-2016** : LAUDERDALE FL 33316 DUULJ40A 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0279533 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. TALLAHASSEE FL 32301 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSD** ☐ Change \_\_ Addition ☐ Delete TITLE TITLE ARMSTRONG JR., JOSEPH NAME NAME 8 HAWTHORNE AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP WINCHESTER MA 01890 ☐ Addition ☐ Change ☐ Delete TITLE GLINSKI, PAUL E. NAME STREET ADDRESS 36 WASH POND ROAD STREET ADDRESS HAMPSTEAD NH 03841 CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Channe TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 poster employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE AND TYPED OR INTEU NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachm

SIGNATURE:

all other like empowered.

E. Glinski