2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V03741

1. Entity Name

N.S.S. ACQUISITION CORP.



FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90355 033 ***150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CI				16						
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Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Acadeonal Fee Required \$8.75 Acadeona	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
Second S	City & Stat	e	City & State			4. FEI	Number 65-0309521			
SMITH, NICHOLAS 1210 NORTHLAKE BLVD LAKE PARK FL 33403 City FL Zip Code 8. The above named entry 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 me obligations of projectional agent. SIGNATURE	Zip Country		Zip	Zip Country		5. Cert	ificate of Status Desired	□ \$	8.75 Add	ditional
SMITH, NICHOLAS 1210 NORTHLAKE BLVD LAKE PARK FL 33403 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 Ficrida. I am familiar with, and accept the obligations of pagnetic and agent, or both, in the State of Ficrida. I am familiar with, and accept the obligations of pagnetic and agent, or both, in the State of Ficrida. I am familiar with, and accept the obligations of pagnetic and agent, or both, in the State of Ficrida. I am familiar with, and accept the obligations of pagnetic and agent, or both, in the State of Ficrida. I am familiar with, and accept the obligations of pagnetic and agent, or both, in the State of Ficrida. I am familiar with, and accept the obligations of pagnetic and agent, or both, in the State of Ficrida. I am familiar with, and accept the obligations of pagnetic and agent, or both, in the State of Ficrida. I am familiar with, and accept the obligations of pagnetic and agent, or both, in the State of Ficrida. I am familiar with, and accept the obligations of pagnetic and agent, or both, in the State of Ficrida. I am familiar with, and accept the obligations of pagnetic and agent, or both, in the State of Ficrida. I am familiar with, and accept the obligations of pagnetic and agent, or both, in the State of Ficrida. I am familiar with, and accept the familia		6. Name and Address of Current	Registered Agent	-	esta, tri	⁻7. ⊓Nam	e and Address of New Re	gistered Ag	ent	
Street Address (P.O. Box Number is Not Acceptable)				Na	me					
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 general general general general productions of registered agent. SignAur File Signature Signat				Str	Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of page-tering agent. SignAture SignAtur	LAKE PAF	RK FL 33403								
the obligations of pagesterray agent. Signature September spread agent. Signature September spread agent and title if applicable. ONTE Registered Agent agent and remained when reinstating) After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 I TITLE NAME SIREET ADDRESS CITY-S1-2P LAKE PARK FL UTILE V P ORT ST LUC'E, F1. 3495 CITY-S1-2P TITLE NAME SIREET ADDRESS CITY-S1-2P TITLE									,	
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12. Thereby 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	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADOR CITY-ST-ZIP						

2. 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 of 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 feelewer or trustee employered 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 employered.

SIGNATURE

GNATURE AND TYPED OR PRINTED WAME OF

ME OF SIGNING OFFICER OR DIRECTO

FRANK X GUNZALEZ

772 464-844

Daytime Phone 4

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