

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90034 007 ***150.00

DOCUMENT # V24268

1. Entity Name

N.I.S., INC.

Principal Place of Business

Mailing Address

5750 MARGATE BLVD
 SUITE 202
 MARGATE FL 33063
 US

P O BOX 93-4125
 MARGATE FL 33093-4125
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0426768

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEEPLES,, PAUL R
 11852 ROYAL PALM BLVD
 CORAL SPRINGS FL 33065

Name *Peeples, Paul R*
 Street Address (P.O. Box Number is Not Accepted) *1634 Eagle Watch Way*
 City *Tallahassee* **FL** Zip Code *32312*

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *4/27/00*

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, 2000 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	VP	<input type="checkbox"/> Delete
NAME	PEEPLES, TEEA	
STREET ADDRESS	2471 DEWEY ST	<i>→</i>
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNTLEY, LEE B	
STREET ADDRESS	6071 NW 17 ST	
CITY-ST-ZIP	MARGATE FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	PEEPLES, PAUL	
STREET ADDRESS	11852 ROYAL PALM BLVD	<i>→</i>
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<i>Director</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Peeples TEEA</i>	
STREET ADDRESS	<i>2471 Dewey St</i>	
CITY-ST-ZIP	<i>Hollywood, FL 33021</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>PT</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Peeples, Paul</i>	
STREET ADDRESS	<i>1634 Eagle Watch Way</i>	
CITY-ST-ZIP	<i>Tallahassee, FL 32312</i>	
TITLE	<i>VP - Secretary</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Peeples, Brooksis</i>	
STREET ADDRESS	<i>7550 NW 79 Ave, R-2</i>	
CITY-ST-ZIP	<i>TAMARAC, FL 33321</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *4/27/00*

Date

Daytime Phone #

CR2E034 (9/99)