

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91329 022 ***150.00

DOCUMENT # V24268

1. Entity Name
N.I.S., INC.

Principal Place of Business 5750 MARGATE BLVD SUITE 202 MARGATE FL 33063 US	Mailing Address P O BOX 93-4125 MARGATE FL 33093-4125 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **65-0426768**

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PEEPLES, PAUL R
 1634 EAGLES WATCH WAY
 TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name	Paul R. Peeples		
Street Address (P.O. Box Number is Not Acceptable)	727 Benjamin Chairs Rd		
City	Tallahassee, Fl	Zip Code	32311

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 **4/27/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 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	D <input type="checkbox"/> Delete
NAME	PEEPLES, TEEA
STREET ADDRESS	2471 DEWEY ST
CITY-ST-ZIP	HOLLYWOOD FL 33021
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	1634 EAGLE WATCH WAY
CITY-ST-ZIP	TALLAHASSEE FL 32312
TITLE	VPS <input type="checkbox"/> Delete
NAME	PEOPLE, BROOKSIE
STREET ADDRESS	7520 NW 79TH AVE R-2
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	

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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	727 Benjamin Chairs Rd
CITY-ST-ZIP	Tallahassee, Fl. 32311
TITLE	Secretary-Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	Tamarac, Fl. 33321
TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Dunkle
STREET ADDRESS	6644 N. W. 48 Manor
CITY-ST-ZIP	Coral Springs, Fl. 33067
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: **Brooksie Peoples** **4/27/01** **954-977-8584**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)