


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90291 040 \*\*\*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**



2. Principal Place of Business  
**5750 Margate Blvd**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Margate FL**

City & State

Zip  
**33063** Country  
**US**

Zip Country

4. FEI Number **65-0426768**

Applied For  
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PEEPLES,, PAUL R  
727 BENJAMIN CHAIRS RD  
TALLAHASSEE FL 32311**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PEEPLES, TEEA</b> <b>2471 DEWEY ST</b> <b>HOLLYWOOD FL 33021</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUNTLEY, LEE B</b> <b>6071 NW 17 ST</b> <b>MARGATE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PEEPLES, PAUL</b> <b>727 BENJAMIN CHAIRS RD</b> <b>TALLAHASSEE FL 32311</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>PEEPLES, BROOKSIE</b> <b>7520 NW 79TH AVE R-2</b> <b>TAMARAC FL 33321</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DUNKLE, STEVE</b> <b>8966 NW 52 COURT</b> <b>CORAL SPRINGS FL 33067</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brooksie Peeples* **Brooksie Peeples** 4/28/03 954-977-8534  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)