

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-27-2003 90086 008 *****70.00

DOCUMENT # N95000004933

1. Entity Name

NSB CAPS, INC.



Principal Place of Business

**100 BARRACUDA BLVD.
NEW SMYRNA BEACH FL 32169**

Mailing Address

**PO BOX 1808
NEW SMYRNA FL 32170**

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 **59-3298590**

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

7. Name and Address of New Registered Agent

**GREATREX, WALTER W
2938 MANGO TREE DRIVE
EDGEWATER FL 32141**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JESSUP, CHUCK & JACKIE	
STREET ADDRESS	1529 VICTORY PALM DRIVE	
CITY-ST-ZIP	EDGEWATER FL 32032	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LANE, SHAWN & WENDY	
STREET ADDRESS	2247 ROSE BROOK COURT	
CITY-ST-ZIP	2411 GLENMORE CT. ORLANDO FL 32817 NEW SMYRNA BEACH, FL 32168	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CRAWFORD, RUSTY & MARY	
STREET ADDRESS	460 PATRICIA DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GREATREX, WALTER	
STREET ADDRESS	2935 MANGO TREE DRIVE	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAWN LANE	
STREET ADDRESS	2411 GLENMORE CT.	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOAN R. BISOTO	
STREET ADDRESS	618 MIDLANDWAY LOOP	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORI KOPP	
STREET ADDRESS	2071 MARSH HARBOR DR	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
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		

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 617, 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: **WALTER W. GREATREX**

3.24.03 386 409-0645

CR2E037 (10/02)