

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90118 031 ***150.00

DOCUMENT # 573614

1. Entity Name
NIABCO - FLORIDA, INC.



Principal Place of Business
**741 HIDE-A-WAY BAY DR
LONGBOAT KEY FL 34228**

Mailing Address
**S-3865 TAYLOR RD
ORCHARD PARK NY 14127
US**

2. Principal Place of Business
2161 GULF OF MEXICO DR.

Suite, Apt. #, etc.
2

City & State
LONGBOAT KEY FL

Zip
34228

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
16-1119575

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

**MARTIN, WARNER G
741 HIDE-A-WAY BAY DRIVE
LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2161 GULF OF MEXICO DRIVE

2

City
LONGBOAT KEY

FL

Zip Code
34228

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 \$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 **P** ☐ Delete
NAME **MARTIN, WARNER G**
STREET ADDRESS **741 HIDE-A-WAY BAY DR.**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **T** ☐ Delete
NAME **MARTIN, KEVIN P**
STREET ADDRESS **7225 TRICIA LANE**
CITY-ST-ZIP **BOSTON NY 14025**

TITLE **S** ☐ Delete
NAME **MARTIN, SHIRLEY J**
STREET ADDRESS **741 HIDE A WAY BAY DR**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2161 GULF OF MEXICO DRIVE #2**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2161 GULF OF MEXICO DRIVE #2**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

SHIRLEY J MARTIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)