

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90012 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 622512**  
 1. Entity Name  
**NCA SYSTEMS, INC.**

Principal Place of Business      Mailing Address  
 2180 CALUMET ST      P.O. BOX 6125  
 CLEARWATER FL 33765      CLEARWATER FL 33765  
 US      US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      **P.O. BOX 6125**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**CLEARWATER, FL**

4. FEI Number      Applied For  
**59-1912775**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**BOYDSTUN, C BRYANT, JR**  
~~2600 9TH ST N~~      **2639 Ninth St. N.**  
**ST PETERSBURG FL 33704**

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.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PST CAPEL, BOBBY G 995 MONTE CRISTO BLVD TEIRRA VERDE FL 33715	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. 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

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: Bobby G. Capel      **BOBBY G. CAPEL**      1/3/01      727-441-1661  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)