

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 691903

1. Entity Name

N R S ASSOCIATES, INC.

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90012 027 \*\*\*550.00

Principal Place of Business

4225 GORDON DRIVE  
NAPLES FL 34102  
US

Mailing Address

4225 GORDON DRIVE  
95 DOLPHIN RD.  
NAPLES FL 34102  
US

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

58-1438628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~RESIDENT AGENT CORP OF PINELLAS CNTY~~

980 TYRONE BOULEVARD  
ST PETERSBURG, FL  
33710

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME KASTNER, HARRY G  
STREET ADDRESS 137 WOODLAND DR.  
CITY-ST-ZIP SOUTHTON, CT 00000

TITLE ☒ Change ☐ Addition  
NAME PO BOX 941  
STREET ADDRESS SOUTHTON, CT. 06487  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME SCHUMANN, NOREEN  
STREET ADDRESS 1407 FLANDERS RD  
CITY-ST-ZIP SOUTHTON CT

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

TITLE D ☒ Delete  
NAME RICH, CECILIA  
STREET ADDRESS 50 HART ACRE RD  
CITY-ST-ZIP SOUTHTON, CT 00000

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME DOUGLAS D. SCHUMANN  
STREET ADDRESS 1407 FLANDERS ROAD  
CITY-ST-ZIP SOUTHTON, CT 06487

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-00

Date

860-583-6994  
x 214

Daytime Phone #