

FILED  
May 17, 2001 8:00 am  
Secretary of State

04-11-2001 90117 026 \*\*\*150.00

2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001089

1. Entity Name-  
N70FT, INC.

Principal Place of Business Mailing Address  
3411 SILVERSIDE ROAD 3411 SILVERSIDE ROAD  
WILMINGTON DE 19810 WILMINGTON DE 19810

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 APPLIED FOR 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

BURGESS, SOOTT C ESQ.  
1041 S.E. 17TH STREET, MB 15  
FT. LAUDERDALE FL 33318

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUELLER, KIRK S 1041 S.E. 17TH STREET, MB 15 WILMINGTON DE 19810 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Steve Read 6006 N. Dyer Blvd Hissimmie, FL 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date


Daytime Phone #

CR2E034 (10/00)

en

Sales and Use Tax Return

DR-15 R. 01/01

Florida		1. Gross Sales	2. Exempt Sales	3. Taxable Amount	4. Tax Collected
A. Sales					
B. Taxable Purchases					
C. Services					
D. Transient Rentals					
E. Food & Beverage Vending					
Transient Rental Rate:	.0600	Surtax Rate:	.0100	Collection Period	
4010 4TH ST					
KISSIMMEE FL 34741-4508					
JAN 2001					
Certificate Number	59-00-032115-27-8	SIC	7359	FEIN/SSN	266-08-8731
					
N70FT, INC					
3JED WOLCOTT					
1041 SE 17TH ST PH					
FORT LAUDERDALE FL 33316-2124					
10	Amount Due				
11	Less Collection Allowance				
12	Plus Penalty				
13	Plus Interest				
14	Amount Due with Return				

Payment is due on the 1st and 15th of each month.  
If payment is not received by the 1st and 15th, include penalty and interest. See instructions for details.  
☐ Electronic Funds Transfer:  
Check here if payment was transmitted electronically.

Do Not Write in This Space

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