R2E034 (4/03)

FILED Jul 21, 2003 8:00 am **Secrétary of State**

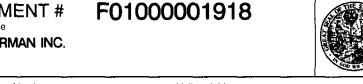
07-21-2003 90127 012 ***550.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

NAT SHERMAN INC.



Principal Place of Business Mailing Address 7815 BOEING DRIVE 2200 FLETCHER AVENUE FORT LEE NJ 07024 GREENSBORO NC 27409 2. Principal Place of Business 3. Mailing Address



Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 13-1975226 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SACHETTE, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 8301 BARDMOOR BLVD 211 LARGO FL 33777 Zip Code City 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 \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition SHERMAN, JOEL J NAME NAME STREET ADDRESS 139 MAPLE STREET STREET ADDRESS **ENGLEWOOD NJ** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE SHERMAN, WILLIAM M NAME NAME STREET ADDRESS 321 N PLEASANT AVE. STREET ADDRESS RIDGEWOOD NJ CITY-ST-ZIE CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition CARBONE, LOUIS S NAME NAME STREET ADDRESS **4 CABERNET COURT** STREET ADDRESS **HUNTINGTON NY** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHERMAN, LAURENCE NAME NAME STREET ADDRESS **80 CHANDLER ROAD** STREET ADDRESS

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 12. I hereby certify that the information supplied with this filing does not qualify for the ex

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SIGNATURE REQU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OPPICER OR DIRECTOR

[] Change

Change

☐ Addition

Addition