2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000003339

Entity Name: NATIONAL COUNCIL FOR THE SELF EMPLOYED, INC.

FILED Jan 09, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
120 INTERNATIONAL PARKWAY, SUITE 220 HEATHROW, FL 32746						
Current M	lailing Addre	ess:	New Mailing Address:			
120 INTERNATIONAL PARKWAY, SUITE 220 HEATHROW, FL 32746						
FEI Number: 35-2092029 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired (X)				
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
PHILPOTT, J. MICHAEL 120 INTERNATIONAL PARKWAY, SUITE 220 HEATHROW, FL 32746 US 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.						
SIGNATU		onic Signature of Registered Age	nt		 Date	
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CP (PHILPOTT, J. 630 LAKEWO HEATHROW,	RTH CIRCLE	Title: Name: Address: City-St-Zip:	PHILPOTT, J	ORTH CIRCLE	
Title: Name: Address: City-St-Zip:	VCS (CHARBONEA 1540 IBIS CT WINTER PAR	•	Title: Name: Address: City-St-Zip:	CHARBONEA 1540 IBIS CT	,	
Title: Name: Address: City-St-Zip:	RAYA, JOHN) Delete ALM VALLEY DR 32765	Title: Name: Address: City-St-Zip:	RAYA, JOHN	ALM VALLEY DR	
Title: Name: Address: City-St-Zip:	VD (CUETO, BEN 9753 SIBLEY ORLANDO, FI	СТ	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	VD PHILPOTT, A 630 LAKEWO HEATHROW	ORTH CIR.	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. MICHAEL PHILPOTT CPD 01/09/2002