

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90158 007 \*\*\*150.00

04589901 AV

**DOCUMENT # F01000004235**

1. Entity Name

NSI CONSULTING AND DEVELOPMENT, INC.



Principal Place of Business

26657 WOODWARD AVE., STE 100  
HUNTINGTON WOODS MI 48070

Mailing Address

5125 SOUTH WESTSHORE BLVD.  
#29  
TAMPA FL 33611

2. Principal Place of Business

3. Mailing Address

5215 S. WESTSHORE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#29

City & State

TAMPA, FL

Zip

Country

33611

Country

4. FEI Number

38-2813374

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POSTON, WILLIAM

5125 SOUTH WESTSHORE BLVD.

#29

TAMPA FL 33611

Name

Street Address (P.O. Box Number is Not Acceptable)

5215 S. WESTSHORE BLVD.

#29

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. 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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCSD  
NAME O'NEILL, PATRICK J  
STREET ADDRESS 26657 WOODWARD AVE., STE 100  
CITY-ST-ZIP HUNTINGTON WOODS MI

TITLE V  
NAME CASEY CLUGSTON  
STREET ADDRESS 26657 WOODWARD AVE., STE 100  
CITY-ST-ZIP HUNTINGTON WOODS, MI. 48070

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME DAVID DAVIS  
STREET ADDRESS 26657 WOODWARD AVE., STE. 100  
CITY-ST-ZIP HUNTINGTON WOODS, MI 48070

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME BRIAN CALLAGHAN  
STREET ADDRESS 26657 WOODWARD AVE., STE. 100  
CITY-ST-ZIP HUNTINGTON WOODS, MI. 48070

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME GREGG MOORE  
STREET ADDRESS 26657 WOODWARD AVE, STE. 100  
CITY-ST-ZIP HUNTINGTON WOODS, MI. 48070

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME HEATHER FOUTS  
STREET ADDRESS 26657 WOODWARD AVE., STE. 100  
CITY-ST-ZIP HUNTINGTON WOODS, MI. 48070

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME WILLIAM G. POSTON  
STREET ADDRESS 5215 S. WESTSHORE BLVD., STE. 29  
CITY-ST-ZIP TAMPA, FL 33611

12. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3-832-6729

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                    |                                                                                                                 |                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # F01000004235</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    |                                |                                                                                                                                                                         |
| 1. Entity Name<br><b>NSI CONSULTING AND DEVELOPMENT, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                    |                                                                                                                 |                                                                                                                                                                         |
| Principal Place of Business<br>26657 WOODWARD AVE., STE 100<br>HUNTINGTON WOODS, MI 48070                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    | Mailing Address <b>5215</b><br><del>5425</del> SOUTH WESTSHORE BLVD.<br>#29<br>TAMPA, FL 33611                  |                                                                                                                                                                         |
| 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<br><b>38-2813374</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    | Applied For<br><input type="checkbox"/> Not Applicable                                                          |                                                                                                                                                                         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    | \$8.75 Additional Fee Required                                                                                  |                                                                                                                                                                         |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                    | 7. Name and Address of New Registered Agent                                                                     |                                                                                                                                                                         |
| POSTON, WILLIAM<br>6125 SOUTH WESTSHORE BLVD.<br>#29<br>TAMPA, FL 33611                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                    | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                    |                                                                                                                 |                                                                                                                                                                         |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent's signature required when withdrawing)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                    |                                                                                                                 |                                                                                                                                                                         |
| FILE NOW!!! FEE IS \$150.00<br>After May 12, 2003, Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                                                                                                         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                           |                                                                                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PCSD<br>O'NEILL, PATRICK J<br>26657 WOODWARD AVE., STE 100<br>HUNTINGTON WOODS, MI <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | S<br>CARRIE WEAVER<br>26657 WOODWARD AVE., STE 100<br>HUNTINGTON WOODS, MI, 48070 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | PCSDT<br>PATRICK J. O'NEILL<br>26657 WOODWARD AVE., STE 100<br>HUNTINGTON WOODS, MI, 48070 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |
| 12. 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. |                                                                                                                    |                                                                                                                 |                                                                                                                                                                         |
| SIGNATURE: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                    |                                                                                                                 |                                                                                                                                                                         |

80076 513



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)