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

## Apr 11, 2003 8:00 am Secretary of State F01000004235 DOCUMENT # 04-11-2003 90158 007 \*\*\*150.00 1. Entity Name NSI CONSULTING AND DEVELOPMENT, INC. Principal Place of Business Mailing Address 26657 WOODWARD AVE., STE 100 -5125 SOUTH WESTSHORE BLVD. HUNTINGTON WOODS MI 48070 #29 **TAMPA FL 33611** 2. Principal Place of Business 3. Mailing Address 5215 S.WESTSHORE BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES #29 City & State TAMPA City & State Applied For 4. FEI Number 38-2813374 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-POSTON, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 5215 S. WESTSHORE BL -5125 SOUTH WESTSHORE BLVD. #29 **TAMPA FL 33611** 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. 778 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 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. **PCSD** TITLE TITLE Delete ☐ Change X Addition CASEY CLUGSTON 26657 WOODWARD AVE., STE 100 NAME NAME O'NEILL, PATRICK J STREET ADDRESS 26657 WOODWARD AVE., STE 100 STREET ADDRESS HUNTINGTON WOODS, MI. 48070 CITY-ST-ZIE **HUNTINGTON WOODS MI** CITY-ST-ZIP Addition Delete TITLE TITLE ☐ Change DAVID DAVIS NAME NAME 26657 WOODWARD AVE., STE. 100 STREET ADORESS STREET ADDRESS HUNTINGTON WOODS, MI CITY-ST-ZIP CITY-ST-ZIE TITLE. Change Addition TITLE . □:Delete 、 BRIAN CALLAGHAN NAME NAME 26657 WOODWARD AVE. STE. 100 STREET ADDRESS STREET ADDRESS HUNTINGTON WOODS, MI. 48070 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition GREGG MOORE NAME NAME Z6657 WOODWARD AVE, STE. 100 HUNTINGTON WOODS, MI. 48070 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE HEATHER FOUTS NAME 26657 WOODWARD AVE, STE. 100 STREET ADDRESS STREET ADDRESS HUNTINGTON WOODS, MI. 48070 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE Detete Addition Addition WILLIAM G. POSTON LI Change 5215 S. WESTSHORE BLUD., STE. 29 NAME NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP 12. Thereby 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 SIGNATURE:

CITY-ST-ZIP

813-832-6729

TAMPA, FL 33611

## Attachment

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT(# F01000004235 80676313 1. Entity Name
NSI CONSULTING AND DEVELOPMENT, INC. Malling Address 5215 Principal Place of Business 26657 WOODWARD AVE., STE 100 HUNTINGTON WOODS, NI 48070 6425-SOUTH WESTSHORE BLVD. #29 TANPA, FL 33611 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 38-2813374 City & State City & State Applied For - Not Applicable \$8.75 Additional Fee Required Žip Country Zlo Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POSTON, WILLIAM 6125 SOUTH WESTSHORE BLVD. Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33611 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. Suraling, typed or primed name of equipmed agent and use if supremble (NOTE: Represent Autorit and the required when reinflaund) CATE FILE NOWILL FEE IS \$150.00. PAfter May 1\*2003 Fee will be \$550.00. 1588 Make Check Payable to Florida Department of State Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Ш ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ARRIE WEAVERD AVE., STE. 100 TITLE PCSD Ociete 1ftLE O'NEILL. PATRICK J NAME 26657 WOODWARD AVE., STE 100 STREET ADDRESS STREET ADDRESS HONTINGTON WOODS, MI, 48070 B HUNTINGTON WOODS, MI CITY-ST-ZP C#Y-51-21P TOLE TITLE ☐ Delete PCSDT PATRICK J. O'NEILL ASSE. 100
HUNTING TON WOODS, MI. 48070 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CRY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Oclete NAME 1014 STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-51-21P TITLE ☐ Delete 1016 ☐ Change Addition NAME : NAME STREET ADDRESS STREET ADDRESS CBY-51-21P CITY-ST-ZP TITLE ☐ Delete 10LE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP C#Y-51-21P TITLE ☐ Delete TIFLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-51-7P CRY-ST-2IP 12. Thereby certify that the information supplied with this filling 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 it am an officer or director of the corporation or the receiver or trustee empowered to execute this respond as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11. of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR