2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

P.O. BOX 1420

F01000006289 **DOCUMENT #**

1. Entity Name

Principal Place of Business 212 CANCO ROAD

N&S SERVICE COMPANY, INC.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90057 010 ***150.00

20004027

PORTLAND ME 04104		POF	PORTLAND ME 04104				1					 10 110 110 110			
2. Principal Place of Business			3. M	3. Mailing Address											
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES							
City & State			Cit	City & State			-	4. FEI Number 01-0457857 Applied For							
Zip Country			Zip	Zip		Country		5. Certifi	cate of St						ot Applicable ditional
	6. Name	and Address of (Current Register	red Agent`	*** 325***		~~ *±27	7.≒Name	and Add	ress of	New Re	egistere			
C T CORPORATION SYSTEM						Name									
						Street Address (P.O. Box Number is Not Acceptable)									
		SLAND ROAD				(To . Son Hamber to Hot Auceptable)									
PLANIAI	FION FL 3332	<u> </u>			ļ									_	
						City						F	L Zi	ip Cod	e
8. The above	re named entity	/ submits this state	ement for the pur	pose of changing its	registere	ed office or re	egistered	agent, o	r both, in	the State	e of Flor			r with,	and accept
	_	nod agon.													
SIGNATURE	Signature, typed r	or printed name of register	ered agent and title if ag	opticable (NOT)	- Registerer	d Agent signature		- refretotine							
		! FEE IS \$150.		T		1 Agent signatore	Prequired wire	en reinstating				DATE	<u> </u>		
		! FEE IS \$150. 3 Fee will be \$5						9.	. Election	Campa	ign Fina	ancing		\$5.0	0 May Be
Make Check Payable to Florida Department of State								1	Trust Fu	nd Conti	ribution.			Addec	to Fees
10.		OFFICEF	RS AND DIRECTO	JRS	11.			ADDITIO	NS/CHA	NGES TO	O OFFIC	CERS A	ND DIREC	CTOR	S IN 11
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NAME STREET ADDRESS	212 CANC	KENNETH M			NAME								_		
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NAME	SMALL, DA	VID L		☐ Delete	TITLE NAME								☐ Ch	iange	☐ Addition
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NAME	NELSON, A	NDREW J		Delete	TITLE								☐ Chi	ange	Addition
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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: