

DOCUMENT # F45576

1. Entity Name

NGB, INC.

FILED

Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90052 005 ***150.00

010040



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8005 S.W. 42ND TERR GAINESVILLE FL 32608		Mailing Address 8005 S.W. 42ND TERR GAINESVILLE FL 32608-5112		010040																																					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		DO NOT WRITE IN THIS SPACE																																					
				4. FEI Number 59-2124893	Applied For <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 SEXTON, LINDA 4432 NW 23RD AVE. SUITE 8 GAINESVILLE FL 32606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.																																									
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																									
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																					
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">NAME</td> <td style="width: 45%;">DP ANCHORS, III., GARNER B. S.R. 21 MELROSE FL</td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>DST STUMP, PATRICIA A 8005 S.W. 42ND TERR. GAINESVILLE, FL 00000</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>			NAME	DP ANCHORS, III., GARNER B. S.R. 21 MELROSE FL	<input type="checkbox"/> Delete	STREET ADDRESS	DST STUMP, PATRICIA A 8005 S.W. 42ND TERR. GAINESVILLE, FL 00000	<input type="checkbox"/> Delete	CITY - ST - ZIP		<input type="checkbox"/> Delete			<input type="checkbox"/> Delete			<input type="checkbox"/> Delete			<input type="checkbox"/> Delete	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia A. Stump* Date: 2/16/00 Daytime Phone #: (352) 378-9111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR