

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002108

1. Entity Name  
NATACQ, INC.



APPROVED  
AND  
FILED

03 JUN 25 PM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
~~3950 RCA BLVD.~~  
~~SUITE 5001~~  
~~PALM BEACH GARDENS, FL 33410~~  
~~3960 RCA Blvd. Suite 6002~~  
~~Palm Beach Gardens, 33410~~

Mailing Address  
~~3950 RCA BLVD.~~  
~~SUITE 5001~~  
~~PALM BEACH GARDENS, FL 33410~~  
~~3960 RCA Blvd. Suite 6002~~  
~~Palm Beach Gardens, 33410~~

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
75-2619474

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
SUITE 105  
PLANTATION, FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$650.00  
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	D	<input type="checkbox"/> Delete
NAME	WERTHEIM, RAM D	
STREET ADDRESS	113 KING ST	
CITY-ST-ZIP	ARMONK, NY 10504	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WENTWORTH, BRUCE R	
STREET ADDRESS	2 CORPORATE DRIVE 3RD FLOOR	
CITY-ST-ZIP	SHELTON, CT 06848	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GUNDERSEN, GEORGE	
STREET ADDRESS	3950 RCA BLVD STE 5001	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	CULLEN, PAULINE M	
STREET ADDRESS	113 KING STREET	
CITY-ST-ZIP	ARMONK, NY 10504	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUDNICK, NEIL G	
STREET ADDRESS	113 KING STREET	
CITY-ST-ZIP	ARMONK, NY 10504	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Bruce R. Wentworth  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(866) 279-6428  
6/13/23

Date Daytime Phone #

CR2E034 (10/02)