

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004943

1. Entity Name

NUS INFORMATION SERVICES, INC.

FILED

Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90098 001 ***300.00

Principal Place of Business

Mailing Address

2650 MCCORMICK DR., STE 300
CLEARWATER FL 34619-1000

2650 MCCORMICK DR., STE 300
CLEARWATER FL 33759-1049

10200

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3401756 ~~92-9981275~~

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BURTON, HAROLD ☐ Delete
STREET ADDRESS 2650 MCCORMICK DRIVE, STE 300
CITY-ST-ZIP CLEARWATER FL

TITLE PD ☒ Change ☐ Addition
NAME Burton, Harold
STREET ADDRESS 910 Clopper Road
CITY-ST-ZIP Gaithersburg, MD 20878

TITLE VD ☐ Delete
NAME COLTHORPE, RUSSEL A
STREET ADDRESS 2650 MCCORMICK DRIVE, STE 300
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME GRIFFIN, GEORGE
STREET ADDRESS 2650 MCCORMICK DRIVE, STE 300
CITY-ST-ZIP CLEARWATER FL

TITLE T ☒ Change ☐ Addition
NAME Griffin, George
STREET ADDRESS 910 Clopper Road
CITY-ST-ZIP Gaithersburg, MD 20878

TITLE CD ☐ Delete
NAME KAUFMAN, NICK
STREET ADDRESS 2650 MCCORMICK DRIVE, STE 300
CITY-ST-ZIP CLEARWATER FL

TITLE CD ☒ Change ☐ Addition
NAME Kaufman, Nick
STREET ADDRESS 10 35th Avenue Court NW
CITY-ST-ZIP Gig Harbor, WA 98335

TITLE D ☐ Delete
NAME ROBUCK, SCOTT
STREET ADDRESS 956 ENERGY DRIVE
CITY-ST-ZIP IDAHO FALLS ID

TITLE D ☒ Change ☐ Addition
NAME Robuck, Scott
STREET ADDRESS 440 W. Broadway
CITY-ST-ZIP Idaho Falls, ID 83402

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)