

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90103 025 ***150.00

DOCUMENT # F97000002288

1. Entity Name
NBSG II, INC.

Principal Place of Business 6600 N. ANDREWS AVE #100 FORT LAUDERDALE FL 33309	Mailing Address 60 HARVARD MILL SQUARE WAKEFIELD MA 01880-3208
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UUUUJJJ20



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 04-3300946	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	NETLAND, GREGORY	
STREET ADDRESS	7 WHEELING AVENUE	
CITY-ST-ZIP	WOBURN MA 01801	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	WIDEBERG, BRUCE	
STREET ADDRESS	7 WHEELING AVENUE	
CITY-ST-ZIP	WOBURN MA 01801	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRONG, JOSEPH L	
STREET ADDRESS	60 HARVARD MILL SQUARE	
CITY-ST-ZIP	WAKEFIELD MA 01880	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERLE, RICHARD	
STREET ADDRESS	60 HARVARD MILL SQUARE	
CITY-ST-ZIP	WAKEFIELD MA 01880	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOOMEY, PATRICK C	
STREET ADDRESS	60 HARVARD MILL SQUARE	
CITY-ST-ZIP	WAKEFIELD MA 01880	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **1/10/00** **781-213-1500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)