

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002896

1. Entity Name

NATIONAL BUSINESS SEARCH, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90027 037 ***150.00

Principal Place of Business

Mailing Address

5430 EAGLE POINT CIRCLE #204
SARASOTA FL 34231

5430 EAGLE POINT CIRCLE #204
SARASOTA FL 34231-9130

2. Principal Place of Business

16500 GULF BLVD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

N. REDINGTON BEACH FL.

FL.

Zip

Country

Zip

Country

33708 USA

6. Name and Address of Current Registered Agent

GREEN, RICHARD L
5430 EAGLE POINT CIRCLE #204
SARASOTA FL 34231

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

TITLE	PDC	<input type="checkbox"/> Delete
NAME	GREEN, RICHARD L	
STREET ADDRESS	5430 EAGLE POINT CIRCLE #204	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	GREEN, MYRNA	
STREET ADDRESS	5430 EAGLE POINT CIRCLE #204	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/00 727-394-921