

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90177 021 \*\*\*550.00

**DOCUMENT # F97000003910**

1. Entity Name  
**NAS SERVICES, INC.**

Principal Place of Business  
**4101 CALIFORNIA AVE**  
**KENNER LA 70065**  
**US**

Mailing Address  
**4101 CALIFORNIA AVE**  
**KENNER LA 70065**  
**US**

2. Principal Place of Business

**3001 Division St.**

3. Mailing Address

**P.O. Box 8510**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Metairie, LA**

City & State

**Metairie, LA**

Zip

Country

**70002 USA**

Zip

Country

**70011 USA**

4. FEI Number **72-1267502**

Applied For  
 Not Applicable

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

**MARCADIS, RALPH S**  
**3400 W. KENNEDY**  
**TAMPA FL 33609**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 ☐ Delete  
 NAME **CP**  
 STREET ADDRESS **NEWTON, WILLIAM J**  
 CITY-ST-ZIP **300 SOUTHERN RD**  
**RIVER RIDGE LA 70123**

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

TITLE ☐ Delete  
 NAME **VSD**  
 STREET ADDRESS **JEFFERSON, SCOTT M**  
 CITY-ST-ZIP **1765 COLISEUM**  
**NEW ORLEANS LA 70130**

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

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **BRENAN, THOMAS E IV**  
 CITY-ST-ZIP **811 E ARTHUR CT**  
**SLIDELL LA 70448**

TITLE ☒ Change ☐ Addition  
 NAME **3909 Wanda Lynn**  
 STREET ADDRESS **Metairie, LA 70002**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)