

2001 UNIFORM BUSINESS REPORT (UBR)

1/8/01

FILED
Mar 30, 2001 8:00 am
Secretary of State

01-08-2001 90020 042 ***150.00

DOCUMENT # F98000003102

1. Entity Name

NEW YORK NATIONAL COMPUTERIZED AGENCIES CORP.

name change: National Computerized Agencies, Inc.

Principal Place of Business

3285-3 VETERANS MEMORIAL HWY.
RONKOKOMA NY 11779

Mailing Address

PO BOX 926
OSPREY FL 34229

33658



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 11-2482477

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

MCDOWELL, LAURIE
5134 TIMBER CHASE WAY
SARASOTA FL 34238

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

Laurie McDowell

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/2/01

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, 2001 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 CP
NAME MILLER, H. LINCOLN
STREET ADDRESS 773 ST. JUDES DR. N.
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Delete

TITLE CS
NAME MILLER, MARGARET
STREET ADDRESS 773 ST. JUDES DR. N.
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Delete

TITLE DV
NAME MILLER, ERIC L
STREET ADDRESS 25 PILGRIM DR.
CITY-ST-ZIP PORT JEFFERSON NY 11777 ☐ Delete

TITLE D
NAME BURNS, THOMAS J
STREET ADDRESS 3 WHEAT PATH
CITY-ST-ZIP MT. SINAI NY 11766 ☐ Delete

TITLE T
NAME MCDOWELL, C.
STREET ADDRESS 5134 TIMBER CHASEWAY
CITY-ST-ZIP SARASOTA FL 34238 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director ☒ Change ☐ Addition
NAME
STREET ADDRESS 4224 Calle Serena
CITY-ST-ZIP Sarasota, FL 34238

TITLE Director ☒ Change ☐ Addition
NAME
STREET ADDRESS 4224 Calle Serena
CITY-ST-ZIP Sarasota, FL 34238

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

TITLE Pres. ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary/Treasurer ☒ Change ☐ Addition
NAME McDowell, L.
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice Pres. ☐ Change ☒ Addition
NAME Martin G. Callahan, III
STREET ADDRESS 2 Heritage Lane
CITY-ST-ZIP Miller Place, NY 11764

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:

Laurie McDowell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/01

Date

941 923 5988

Daytime Phone #

CR2034 (10/00)