

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90045 038 ***150.00

DOCUMENT # F98000003102

1. Entity Name
NATIONAL COMPUTERIZED AGENCIES, INC.

Principal Place of Business
3285-3 VETERANS MEMORIAL HWY.
RONKOKOMA NY 11779

Mailing Address
PO BOX 926
OSPREY FL 34229

2. Principal Place of Business

3. Mailing Address

PO Box 398

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Osprey FL

Zip

Country

Zip

Country

34229

USA

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

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, 2002 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 **D** ☐ Delete
 NAME **MILLER, H. LINCOLN**
 STREET ADDRESS **4224 CALLE SERENA**
 CITY-ST-ZIP **SARASOTA FL 34238**

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

TITLE **D** ☐ Delete
 NAME **MILLER, MARGARET**
 STREET ADDRESS **4224 CALLE SERENA**
 CITY-ST-ZIP **SARASOTA FL 34238**

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

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

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

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

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

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

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

TITLE **VP** ☐ Delete
 NAME **CALLAHAN, MARTHA G III**
 STREET ADDRESS **2 HERITAGE LANE**
 CITY-ST-ZIP **MILLER PLACE NY 11764**

TITLE ☐ Change ☒ Addition
 NAME **VP CALLAHAN, MARTIN G III**
 STREET ADDRESS **1 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laurie McDowell

Date

Daytime Phone #

1/16/02

941 923 5988

CR2E034 (9/01)