

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005464

i. Entity Name

NTM ASSOCIATES, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90032 040 ***150.00

Principal Place of Business

Mailing Address

S. ATLANTIC AVENUE
BEACH SHORES FL 32118

2043 S. ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118-5007

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

35-2044284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTKIEWICZ, Nanci
2043 S. ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118

7. Name and Address of New Registered Agent

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	PT	<input type="checkbox"/> Delete
NAME	BUTKIEWICZ, Nanci	
STREET ADDRESS	7246 WARRIOR TRL #203	
CITY-ST-ZIP	INDIANAPOLIS IN 46260	
TITLE	VS	<input type="checkbox"/> Delete
NAME	COUCHAVLIS, TED	
STREET ADDRESS	7246 WARRIOR TRL #203	
CITY-ST-ZIP	INDIANAPOLIS IN 46260	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nanci Butkiewicz	
STREET ADDRESS	2043 S. Atlantic # 203	
CITY-ST-ZIP	Daytona Beach Shores, FL 32118	
TITLE	Vice Pres./Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ted Couchavlis	
STREET ADDRESS	2043 S. Atlantic	
CITY-ST-ZIP	Daytona Beach Shores, FL 32118	
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:

Nanci Butkiewicz President 4-13-00 904-238-0280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)