2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9900000325

1. Entity Name

NATIONAL ORGANIZATION OF CIRCUMCISION INFORMATIO M DESCRIBE CENTERS INC

FILED Jul 09, 2002 8:00 am Secretary of State

05-20-2002 90126 026 ****61.25

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Principal Place of Business Mailing Address					7				
O BOX 11908 PENSACOLA FL 32524-1908		P O BOX 11808 PENSACOLA FL 32524	P O BOX 11908 PENSACOLA FL 32524-1808			~ 0025g			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						į
Suile, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN TH	IS SPACE		
City & State		City & State	City & State		4. FEI Number S9-3558935 Applied For Not Applicable				
Zip Country		Zip	Zip Co.		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Curr	ent Registered Agent		<u> </u>	7. Name and Add	ress of New Register			1
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ROSE, BRI				Street Address	SS (P.O. DOX NUMBERS)	ADI Acceptacies]
	RWOOD AVE #901K								Ι,
PENSACO	LA FL 32504			City			Zip Cod)	1
							L Zip Coo		1
8. The above	e named entity submits this statement and statement stat	Folyna	2/2	m	Circd when reinstating)	1/08	be	· Sales	
						<u>. </u>) `
	FILE NOW: FEE IS \$61.25	Trust Fi	n Campaign F und Contributi	ion.	\$5.00 May Be Added to Fees	Departi	eck Payable ment of State	•	
10.	OFFICERS AND	Trust Ft	und Contributi	ion.	Added to Fees		DIRECTORS IN	10	31)
10.	OFFICERS AND	Trust Fi	und Contributi	ion. E	Added to Fees	Departi	nent of State	10	(9/01)
10.	OFFICERS AND P MILOS, MARILYN F RN	Trust Ft	und Contributi 11. TITLE	ion. E	Added to Fees	Departi	DIRECTORS IN	10	337 (9/01)
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10. TITLE NAME STREET ADDRESS	OFFICERS AND P MILOS, MARILYN F RN 20 CANDELERA AVENUE	Trust Ft	11. TITLE NAME STRE	E SEE SEET ADDRESS (-ST-ZIP	Added to Fees	Departi	DIRECTORS IN	10	CR2E037 (9/01)
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12. Thereby 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 617, Florida Statutes; and that my pame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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