

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90030 029 ***150.00

DOCUMENT # G53692

1. Entity Name

N.I.S.A., INC.

Principal Place of Business

Mailing Address

N.I.S.A. INC

5835 MEMORIAL HWY
TAMPA FL 33615-5005

change

TAMPA FL 33615

00063801

2. Principal Place of Business

703 Cobblestone Dr

3. Mailing Address

P.O. Box 260456

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-2423988

Applied For

Not Applicable

Zip

33615

Country

Hillsborough

Zip

33685

Country

Hillsborough

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GARRY, BRIAN
5835 MEMORIAL HWY
UNIT 16
TAMPA FL 33615

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VP	GARRY PHYLLIS I.	5835 MEMORIAL HWY	TAMPA FL 33615	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME <td>STREET ADDRESS<td>CITY-ST-ZIP<td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></td></td>	STREET ADDRESS <td>CITY-ST-ZIP<td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></td>	CITY-ST-ZIP <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)