

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91188 024 \*\*\*150.00

DOCUMENT # **G53692**

1. Entity Name

**N.I.S.A. INC**

Principal Place of Business

**TAMPA FLA.**

Mailing Address

**N.I.S.A. INC**  
**P.O. Box 260456**  
**TAMPA, FLA 33685**

2. Principal Place of Business

**TAMPA FLA**  
 Suite, Apt. # etc.

3. Mailing Address **N.I.S.A. INC**

**P.O. Box 260456**  
 Suite, Apt. #, etc.

City & State

**TAMPA FLA 33685**

City & State

Zip

Country

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

**C0070227**

6. Name and Address of Current Registered Agent

**Brian A. Garry, President**  
**8703 Cobblestone Dr**  
**Tampa FLA 33615**

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]*  
 Signature typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**5-12-01**

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!**

**After MAY 1, 2001**

**Make Check Payable**

**Fee is \$150.00**

**Fee will be \$550.00**  
**to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT - TREASURER</b> <input type="checkbox"/> Delete
NAME	<b>Brian A. Garry</b>
STREET ADDRESS	<b>8703 Cobblestone Dr</b>
CITY-ST-ZIP	<b>TAMPA FLA 33615</b>
TITLE	<b>Vice President Secretary</b> <input type="checkbox"/> Delete
NAME	<b>Phyllis J. Garry</b>
STREET ADDRESS	<b>8703 Cobblestone Dr</b>
CITY-ST-ZIP	<b>TAMPA FLA 33615</b>
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	<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	
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 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 the 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, without other like empowered.

SIGNATURE

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/12/01**

**813-884-2012**

Daytime Phone #

CR2E034 (11/00)