

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90062 025 ***150.00

DOCUMENT # G92553

1. Entity Name

NBOC, INC.

Principal Place of Business

1201 S. Orlando Ave
 Winter Park, FL 32789

Mailing Address

1201 S. Orlando Ave
 Suite 370
 Winter Park, FL 32789-7107

2. Principal Place of Business

3. Mailing Address

City & State

City & State

4. FEI Number

Applied For

59-2403069

5. Certificate of Status Desired

Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLADO, GUY D.
 1201 S. Orlando Avenue
 Winter Park, FL 32789-7107

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. If a new Registered Agent has been appointed, enter the new agent's name and address in box 7. This must be a Florida street address. A P.O. Box or mail service is NOT acceptable for either of these. A CORPORATION CANNOT SERVE AS ITS OWN REGISTERED AGENT, however, a principal of the corporation can. SIGNATURE _____ DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2001 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	DP	121 W. Kings Way	Winter Park, FL 32789-5714	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	LOVELACE, G. WINSTON	83 Interlachen Road	Orlando, FL 32804-3448	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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:  GUY D. Colado 4/3/01 407-629-4954
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)