

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H04270

1. Entity Name

NTS INTERNATIONAL, INC.

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

05-19-2000 90078 021 ***150.00

Principal Place of Business	Mailing Address
2595 PALM BAY ROAD NE PALM BAY FL 32905 US	% NANCY L. DE LA MORINIERE 317 ORLANDO BLVD INDIALANTIC FL 32903-3422 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2595 Palm Bay Rd. NE

City & State	City & State
	Palm Bay, FL

Zip	Country	Zip	Country
32905	USA		

6. Name and Address of Current Registered Agent
DE LA MORINIERE, NANCY L. 317 ORLANDO BOULEVARD INDIALANTIC FL 32903

4. FEI Number	59-2431322	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: Sheila R. Schaefer Date: 4/26/00 Daytime Phone #: 321-676-7005