2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2000 8:00 am Secretary of State **DOCUMENT #** 1. Entity Name NBCS, INC. 04-27-2000 90100 003 ***150.00 Mailing Address Principal Place of Business B0077595 2. Principal Place of Business 3401 663 ST W DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For ST. PETERCHURG, FL.
33710 45A 59-183 0375 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent CANAVAN, Thomas 3401 66n SY.N. STO PETERS BURGIFL. 33.710 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition ☐ Delete TITLE NAUERT G. M. Charl
4401 4n St N.
St. Petersburg Fr. 33703
VD
Thomas Canavan
4401 4m St N.
St. Petersburg, Fl. 33703 NAME 3401 66 M ST NI STREET ADDRESS STREET ADDRESS ST. PETERSburg, F. 1 33710
Hehange CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME 3401 66 m ST. N. ST. PETERISURG: FL. 33710 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TIT! F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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:

727) 381-6626