

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90018 050 \*\*\*150.00

DOCUMENT # K01160

1. Entity Name  
NATIONAL CORPORATE SERVICES, INC.

Principal Place of Business  
100 ANCHOR DR  
SUITE 33  
KEY LARGO FL 33037  
US

Mailing Address  
100 ANCHOR DR  
SUITE 33  
KEY LARGO FL 33037  
US

2. Principal Place of Business  
24 DOCKSIDE LANE  
Suite, Apt. #, etc.  
33  
City & State  
KEY LARGO, FL  
Zip  
33037 Country  
USA

3. Mailing Address  
24 DOCKSIDE LANE  
Suite, Apt. #, etc.  
33  
City & State  
KEY LARGO, FL  
Zip  
33037 Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0017919  
Applied For  
Not Applicable

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

DILLON, RAYMOND F.  
28 DILY TREE PARK  
KEY LARGO FL 33037

Name  
Dillon, Raymond F.  
Street Address (P.O. Box Number is Not Acceptable)  
420 CORAL LANE  
City  
KEY LARGO FL Zip Code  
33037

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) ☐

**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	PD DILLON, RAYMOND F. 28 DILLY TREE PARK KEY LARGO FL 33037	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AA VILLAR, SONIA 5438 SW 149 CT MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANGELA DILLON 420 CORAL LANE KEY LARGO FL 33037	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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 STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND F. DILLON, PRES 305 367-9000  
Date Daytime Phone #

CR2E034 (10/00)