

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90119 036 ****50.00

DOCUMENT # L01000006289

1. Entity Name
NCS & ASSOCIATES, L.L.C.



Principal Place of Business
**6970 WALLIS RD., 1-B
WEST PALM BEACH FL 33413**

Mailing Address
**6970 WALLIS RD., 1-B
WEST PALM BEACH FL 33413**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 19803

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WPB, FL. 33416

City & State

City & State

4. FEI Number **65-1095991**

Applied For
Not Applicable

Zip

Country

Zip

Country

US

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FUCHS, LAWRENCE M ESQ.
FUCHS AND JONES, P.A.
590 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GELSOMINO, J. TERRY
6517 PIONEER RD.
WEST PALM BEACH FL 33413** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR.
J. T. GELSOMINO
P.O. BOX 19803
WPB, FL. 33416** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/16/03 561-687-8504
Date Daytime Phone #

CR2E083 (10/02)