

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L15130

1. Entity Name

NATIONAL PROPERTY SERVICES, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90042 044 ***150.00

Principal Place of Business

Mailing Address

529 VERSAILLE DR
STE 103
MAITLAND FL 32751
US

529 VERSAILLE DR
STE 103
MAITLAND FL 32751-4589
US

2. Principal Place of Business

1112 VOTAW ROAD

3. Mailing Address

1112 VOTAW ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
APOPKA FLORIDA

City & State
APOPKA, FLORIDA

4. FEI Number 59-2967368

Applied For

Not Applicable

Zip
32703

Country
ORANGE

Zip
32703

Country
ORANGE

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

BRONK, ROGER C.
529 VERSAILLE DR
STE 103
MAITLAND FL 32751

Name ROGER C. BRONK

Street Address (P.O. Box Number is Not Acceptable)

1112 VOTAW ROAD

City APOPKA

FL

Zip Code 32703

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 Roger C. Bronk Roger C. Bronk

4/7/00

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

(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, 2000 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 PD
NAME BRONK, ROGER C.
STREET ADDRESS 529 VERSAILLE DR STE 103
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE PD
NAME ROGER C. BRONK ☒ Change ☐ Addition
STREET ADDRESS 1112 VOTAW ROAD
CITY-ST-ZIP APOPKA, FL 32703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: Roger C. Bronk ROGER C. BRONK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00 407814-9862

Date

Daytime Phone #

CH2E034 (9/99)