

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90082 037 \*\*\*\*50.00

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**DOCUMENT # L99000006414**

1. Entity Name

**N SQUARED INTERNATIONAL, L.C.**



Principal Place of Business

**2621 NOBLE DRIVE  
TALLAHASSEE FL 32312**

Mailing Address

**2621 NOBLE DRIVE  
TALLAHASSEE FL 32312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3611056**

Applied For

Not Applicable

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

**NORMAN, NANCY C  
1415 TIMBERLANE ROAD, SUITE 201  
TALLAHASSEE FL 32312**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORMAN, DAVID W</b>	NAME	
STREET ADDRESS	<b>2621 NOBLE DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	CITY-ST-ZIP	
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORMAN, NANCY C</b>	NAME	
STREET ADDRESS	<b>2621 NOBLE DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	CITY-ST-ZIP	
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEWCOMB, EUGENE R</b>	NAME	
STREET ADDRESS	<b>2578 CANVASBACK COURT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	CITY-ST-ZIP	
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEWCOMB, BONNIE B</b>	NAME	
STREET ADDRESS	<b>2578 CANVASBACK COURT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** *Nancy C. Norman*

*04/27/03 850-893-7722*

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

Date

Daytime Phone #

CR2E083 (10/02)