

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0013768 AF

DOCUMENT # M99000001265

1. Entity Name
NPB LIMITED, L.L.C.

00 MAR 30 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

af 4/10



DO NOT WRITE IN THIS SPACE

Principal Place of Business
121 W TRADE STREET
SUITE 2550
CHARLOTTE NC 28202-5399

Mailing Address
121 W TRADE STREET
SUITE 2550
CHARLOTTE NC 28202-~~1400~~ 5

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | FAISON & ASSOCIATES | |
| STREET ADDRESS | 121 W TRADE STREET SUITE 2550 | |
| CITY-ST-ZIP | CHARLOTTE NC 28202-5399 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| CITY-ST-ZIP | | |
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| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | | |
| STREET ADDRESS | | |
| 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.

NPB LIMITED, L.L.C.
BY: FAISON & ASSOCIATES, INC. MANAGER
SIGNATURE: BY: DIANE K. HUNTER, ASST. SECRETARY
Date: 2-9-00 Daytime Phone #: 904-972-2511

CR2E083 (9/99)