

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N05893

FILED
Apr 30, 2003
Secretary of State

Entity Name: NATIONAL ASSOCIATION OF BUSINESS CONSULTANTS, INCORPORATED

Current Principal Place of Business:

4752 MILE STRETCH
HOLIDAY, FL 34690

New Principal Place of Business:

Current Mailing Address:

9438 US HIGHWAY 19
#101
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 59-2440865 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LIVINGSTON, SANDY
13004 DANIA STREET
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRADLEY, CHRISTOPHER
Address: 13000 DANIA STREET
City-St-Zip: HUDSON, FL 34667

Title: VTD () Delete
Name: KESTER, LINDA
Address: 930 NORTH OHIO STREET
City-St-Zip: GREENVILLE, OH 45331

Title: SMD () Delete
Name: WILSON, ANGELA
Address: 7725 ILEX DRIVE
City-St-Zip: PORT RICHEY, FL 34668

Title: D (X) Delete
Name: POINDEXTER, ALLEN
Address: 7135 BEACHDALE COURT
City-St-Zip: PORT RICHEY, FL 34668

Title: D (X) Delete
Name: KISTLER, STAN
Address: 1725 TUMBLEWEED
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA WILSON

SMD

04/30/2003

Electronic Signature of Signing Officer or Director

Date