

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90245 024 \*\*\*\*70.00

**DOCUMENT # N98000004034**

1. Entity Name

**NATIONAL INDEPENDENCE SUCCESS ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

**106TH AVE NORTH  
 FL 34108**

**815 106TH AVE NORTH  
 NAPLES FL 34108-1851**

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

**59-3515063**

Applied For

Not Applicable

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

Name

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

City

**FL**

Zip Code

**MAYVILLE, OLIVER W  
 815 106TH AVE NORTH  
 NAPLES FL 34108**

9. 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 \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>Chief Executive Officer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BARNER, FRANK G</b>		NAME	<b>Oliver W. Mayville</b>	
STREET ADDRESS	<b>298 OSPREYS LANDING #1805</b>		STREET ADDRESS	<b>815 106th Ave North</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>		CITY-ST-ZIP	<b>Naples, Florida 34108</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JENKINS, THOMAS A C.F.O.</b>		NAME	<b>William T. Lewis</b>	
STREET ADDRESS	<b>2349 51ST S.W.</b>		STREET ADDRESS	<b>501 Goodwin Rd. Suite C-202</b>	
CITY-ST-ZIP	<b>NAPLES FL 34116</b>		CITY-ST-ZIP	<b>Naples, Florida 34102</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KISSEL, RICHARD F</b>		NAME		
STREET ADDRESS	<b>203 SILVERADO DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES FL 34119</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		
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**4/12/00 (94) 430-1799**

CR2E037 (9/99)