2001 UNIFORM BUSINESS REPORT (UBR)

Mar 01, 2001 8:00 am DOCUMENT # P0000008565 1. Entity Name **Secretary of State** TT OF NSB, INC. 03-01-2001 91346 018 ***150.00 Principal Place of Business Mailing Address 515 E LAS OLAS BLVD 515 E LAS OLAS BLVD SUITE 900 SUITE 900 FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address 1300 NORTH DIXIE FREEWAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NEW SMYRNA BEACH, FLORIDA 65-0983038 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32168 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR, TERRY LEWIS, HAROLD L Street Address (P.O. Box Number is Not Acceptable) 515 EAST LAS OLAS BOULEVARD SUITE 2400 ONE BISCAYNE TOWER TWO S BISCAYNE BLVD SUITE 900 **MIAMI FL 33131** Zip Cade 0 1 FORT LAUDERDALE, 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PDS Change XX Addition TITLE ☐ Delete TITLE TERRY TAYLOR NAME STREET ADDRESS STREET ADDRESS 515 EAST LAS OLAS BOULEVARD, SUITE 900 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FLORIDA 33301 ☐ Delete ☐ Change XX Addition NAME NAME RANDALL DYE STREET ADDRESS STREET ADDRESS 1300 NORTH DIXIE FREEWAY CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BEACH, FLORIDA 32168 TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THTLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. TERRY TAYLOR SIGNATURE:

954-527-4420