

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
 04-18-2001 90004 036 ***150.00

0046113

DOCUMENT # P00000022470

1. Entity Name

NATIONAL COMPLIANCE BUREAU FOR UNSOLICITED FAXES

Principal Place of Business

118 WEST ORANGE STREET
 ALTAMONTE SPRINGS FL 32714

Mailing Address

118 WEST ORANGE STREET
 ALTAMONTE SPRINGS FL 32714

948065

2. Principal Place of Business

998-B E. MICHIGAN ST P.O. Box # 568571-
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3626867

Applied For

Not Applicable

Zip

32806

Country

USA

Zip

32806

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Pamela J Cook
 998-B E. Michigan St
 Orlando, FL
 32806

7. Name and Address of New Registered Agent

Name

PAMELA J. COOK

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

998-B E. MICHIGAN ST

City

ORLANDO

FL

Zip Code

32806

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

Pamela J Cook

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/6/01

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
 NAME MORGAN, SHARON E
 STREET ADDRESS 118 WEST ORANGE STREET
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE STD-VP
 NAME COOK, PAMELA J
 STREET ADDRESS 118 WEST ORANGE STREET
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES ☐ Change ☐ Addition
 NAME Sharon Morgan
 STREET ADDRESS 998-B E. Michigan St
 CITY-ST-ZIP Orlando, FL 32806

TITLE Treasurer ☐ Change ☐ Addition
 NAME Pamela J Cook
 STREET ADDRESS 998-B E. Michigan St
 CITY-ST-ZIP Orlando, FL 32806

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 reports 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.

SIGNATURE:

Pamela J Cook
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAMELA J. COOK

Date

Daytime Phone #

4/6/01

CR2E034 (10/00)