

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90164 002 ***150.00

DOCUMENT # P00000027306

1. Entity Name
NLC, INC.



Principal Place of Business
**200 S.E. MIZNER BLVD., #612
BOCA RATON FL 33432**

Mailing Address
**200 S.E. MIZNER BLVD., #612
BOCA RATON FL 33432**



2. Principal Place of Business
**2606 NE 10th terrace
#3**

3. Mailing Address
**2606 NE 10th terrace
#3**

City & State
Wilton Manors, FL.

City & State
Wilton Manors FL.

4. FEI Number **65-1015713**

Applied For
Not Applicable

Zip Country
33334 U.S.A.

Zip Country
33334 U.S.A.

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

~~URCIUOLI, GUY~~
~~200 SE MIZNER BLVD., #612~~
~~BOCA RATON FL 33432~~

Name **URCIUOLI, Guy**
Street Address (P.O. Box Number is Not Acceptable)
2606 NE. 10th terrace #3
City **Wilton Manors FL** Zip Code **33334**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/1/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **URCIUOLI, GUY**
STREET ADDRESS **200 SE MIZNER BLVD., #612**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **P** ☒ Change ☐ Addition
NAME **URCIUOLI, Guy**
STREET ADDRESS **2606 NE 10th terrace #3**
CITY-ST-ZIP **Wilton Manors, FL. 33334**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 607, 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 like empowered.

SIGNATURE: *[Signature]* **URCIUOLI, Pres 4-3-03 954-568-4340**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)