

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90005 001 ***158.75

DOCUMENT # P00000066533

1. Entity Name

NATIONAL ASSEMBLING, INC.

Principal Place of Business

**3402 OLD DELAND ROAD
 DAYTONA BEACH FL 32124**

Mailing Address

**3402 OLD DELAND ROAD
 DAYTONA BEACH FL 32124**

2. Principal Place of Business

910 JIMMY ANN DRIVE

3. Mailing Address

910 JIMMY ANN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 104-105

Suite 104-105

City & State

City & State

Daytona Beach Florida

Daytona Beach Florida

Zip

Country

Zip

Country

32117

USA

32117

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3663160

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

**JACOBSEN, KEVIN
 3402 OLD DELAND ROAD
 DAYTONA BEACH FL 32124**

Name

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

City

FL

Zip Code

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

[Signature]

KEVIN JACOBSEN (CEO)

1-9-2001

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

(NOTE: Registered Agent signature is required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES.** ☐ Delete
 NAME **KARON N. JACOBSEN**
 STREET ADDRESS **3402 OLD DELAND RD.**
 CITY-ST-ZIP **Daytona Bch. FL. 32124**

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

TITLE **CEO** ☐ Delete
 NAME **KEVIN JACOBSEN**
 STREET ADDRESS **3402 OLD Deland RD.**
 CITY-ST-ZIP **Daytona Bch. FL. 32124**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-2001

Date

904-274-1693

Daytime Phone #

CR2E034 (10/00)