

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000101222

FILED  
Mar 26, 2003  
Secretary of State

Entity Name: NATIONAL ELEVATOR SERVICES, INC.

## Current Principal Place of Business:

504 DORY AVENUE  
FORT WALTON BEACH, FL 32548

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 95  
CRESTVIEW, FL 32536

## New Mailing Address:

FEI Number: 59-3678960

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: EWING, BRENDA  
Address: 504 DORY AVENUE  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VTD ( ) Delete  
Name: HUTTO, GARY A  
Address: 5584 AURORA DRIVE  
City-St-Zip: CRESTVIEW, FL 32539

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: EWING, BRENDA  
Address: 504 DORY AVENUE  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VD (X) Change ( ) Addition  
Name: HUTTO, GARY A  
Address: 5584 AURORA DRIVE  
City-St-Zip: CRESTVIEW, FL 32539

Title: STD ( ) Change (X) Addition  
Name: HUTTO, ROBIN B  
Address: 5584 AURORA DRIVE  
City-St-Zip: CRESTVIEW, FL 32539

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY A. HUTTO

VD

03/26/2003

Electronic Signature of Signing Officer or Director

Date