

# 2001. UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91355 015 \*\*\*150.00

**DOCUMENT # P00000102467**

1. Entity Name

**NBC SERVICES, INC.**

Principal Place of Business

**10175-4 SIX MILE CYPRESS PKWY  
 FT. MYERS FL 33912**

Mailing Address

**10175-4 SIX MILE CYPRESS PKWY  
 FT. MYERS FL 33912**

2. Principal Place of Business

**6801 St. Edmunds Loop**

3. Mailing Address

**6900-29 Daniels Pkwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#123**

City & State

**Ft. Myers FL**

City & State

**Ft. Myers, FL**

4. FEI Number

**65-1062581**

Applied For

Not Applicable

Zip

**33912**

Country

**USA**

Zip

**33912**

Country

**USA**

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

**MCKINNEY, LANCE M  
 10175-4 SIX MILE CYPRESS PKWY  
 FT. MYERS FL 33912**

Name

**Matthew M. FARROW**

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

**6801 St. Edmunds Loop**

City

**Ft. Myers**

**FL**

Zip Code

**33912**

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

(NOTE: Registered Agent signature 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	President	<input type="checkbox"/> Delete
NAME	Matthew M. FARROW	
STREET ADDRESS	6801 St. Edmunds Loop	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Rosemarie FARROW	
STREET ADDRESS	6801 St. Edmunds Loop	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Matthew M. FARROW	
STREET ADDRESS	6801 St. Edmunds Loop	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Rosemarie FARROW	
STREET ADDRESS	6801 St. Edmunds Loop	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (10/00)