

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109866

1. Entity Name
NCS, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90074 017 ***150.00

Principal Place of Business
140 INTRACOASTAL POINTE DR., STE. 210
JUPITER FL 33477

Mailing Address
140 INTRACOASTAL POINTE DR., STE. 210
JUPITER FL 33477



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
224 CAPE POINT CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
224 CAPE POINT CIRCLE
Suite, Apt. #, etc.

City & State
JUPITER, FLORIDA
Zip
33477
Country
PALM BEACH

City & State
JUPITER, FLORIDA
Zip
33477
Country
PALM BEACH

4. FEI Number ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ZWAANS, RUDD M.C.M.
224 CAPE POINT CIRCLE
JUPITER, FLORIDA 33477

7. Name and Address of New Registered Agent
Name
No CHANGE
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 N/A N/A N/A
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	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR/SECRETARY-TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEETZE, JAMES R		NAME	JAMES R. MEETZE	
STREET ADDRESS	P.O. BOX 340		STREET ADDRESS	242 SKYLARK	
CITY-ST-ZIP	SAUTEE GA 30571		CITY-ST-ZIP	SAUTEE, GEORGIA 30571	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR/PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZWAANS, RUDD		NAME	RUDD ZWAANS	
STREET ADDRESS	17246 SE GALWAY CT.		STREET ADDRESS	224 CAPE POINT CIRCLE	
CITY-ST-ZIP	TEQUESTA FL 33469		CITY-ST-ZIP	JUPITER, FLORIDA 33477	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] 02-21-01 561-741-3993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)