

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90082 034 ***150.00

DOCUMENT # P01000027520

1. Entity Name
NOS, INC.



Principal Place of Business
1921 NW 43RD TERR
GAINESVILLE FL 32605

Mailing Address
1921 NW 43RD TERR
GAINESVILLE FL 32605

2. Principal Place of Business
Trenton
7250 SE 81st Place FL 32693

3. Mailing Address
Gainesville
1921 NW 43 Terr. FL 32605

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Trenton, FL

City & State
Gainesville, FL

Zip
32693

Country
Gilchrist

Zip
32605

Country
Alachua

4. FEI Number 59-3712263

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SCRUGGS, BRENDA G
1921 NW 43RD TERR
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

| | | |
|----------------|-----------------------|--------------------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SCRUGGS, BRENDA G | |
| STREET ADDRESS | 1921 NW 43RD TERR | |
| CITY-ST-ZIP | GAINESVILLE FL 32605 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SIMMONS, JOSEPH A | |
| STREET ADDRESS | 1921 NW 43RD TERR | |
| CITY-ST-ZIP | GAINESVILLE FL 32605 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | TEAGUE, TERRY J | |
| STREET ADDRESS | 7250 SE 81 PLTERR | |
| CITY-ST-ZIP | TRENTONVILLE FL 32693 | |
| 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"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|-------------------------------------------------------------------|
| 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 |
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| 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 | | |

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: *Brenda G. Scruggs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-03 352/373-3694

Date

Daytime Phone #

CR2E034 (10/02)