

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
CLERK OF STATE
DIVISION OF CORPORATION

03 MAY 23 PM 3:41

DOCUMENT # P01000038072

1. Entity Name

NATIONAL BILLING ASSOCIATES INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15511 N FL AVE

Suite, Apt. #, etc.

STE E1

City & State

TAMPA FL

Zip

33613

Country

HILLS

3. Mailing Address

15511 N FL AVE

Suite, Apt. #, etc.

STE E1

City & State

TAMPA FL

Zip

33613

Country

HILLS

DO NOT WRITE IN THIS SPACE

EP

4. FEI Number

65-1099560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BELL, BRIAN V.

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

15511 N FL AVE STE E1

City

TAMPA

FL

Zip Code

33613

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

Brian V. Bell

Brian V. Bell

100019849871

5-20-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BELL, LESTER L
15511 N FL AVE. STE E1
TAMPA, FL 33613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BELL, BRIAN V.
15511 N FL AVE STE E1
TAMPA, FL 33613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BELL, BRANDI M.
15511 N FL AVE STE E1
TAMPA, FL 33613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

Brian V. Bell

5-20-03 813-931-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR200348 (12/02)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 105401 7379948

AUTHORIZATION : *Patricia Kizito*

COST LIMIT : \$ 550.00

ORDER DATE : May 23, 2003

ORDER TIME : 11:58 AM

ORDER NO. : 105401-005

CUSTOMER NO: 7379948

CUSTOMER: Mr. Brian V. Bell
National Billing Associates
Suite E1
1551 North Florida Avenue
Tampa, FL 33613

ANNUAL REPORT FILING

NAME: NATIONAL BILLING ASSOCIATES
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull-EXT#1115

RECEIVED
03 MAY 23 PM 2:29
EXAMINER'S INITIALS: _____