

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90403 016 ***150.00

DOCUMENT # P01000042454



1. Entity Name
N COLOR, INC.

Principal Place of Business
**3451 THORNBURY LANE
BONITA SPRINGS FL 34134**

Mailing Address
**3451 THORNBURY LANE
BONITA SPRINGS FL 34134**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **#110**
15495 N. TAMAMI TR
City & State **Naples FL**
Zip **34110** Country **USA**

Suite, Apt. #, etc. **#110 Same**
City & State **FL**
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1095873**

Applied For
 Not Applicable

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

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PSD HARLAN, GARY**
STREET ADDRESS **3451 THORNBURY LANE**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

Change Addition
NAME **15495 N. TAMAMI TR. #110**
STREET ADDRESS **Naples FL 34110**
CITY-ST-ZIP

TITLE Delete
NAME **VTD SCANDALE, LOUIS**
STREET ADDRESS **3451 THORNBURY LANE**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

Change Addition
NAME **15495 N. TAMAMI TR. #110**
STREET ADDRESS **Naples FL 34110**
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
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Change Addition
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TITLE Delete
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CITY-ST-ZIP

Change Addition
TITLE
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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-10-03** Daytime Phone # **239 597 7005**

CR2E034 (10/02)