

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90932 001 \*\*\*150.00

0540513 AV

**DOCUMENT # P01000058560**  
 1. Entity Name  
**NT SALES INC.**

Principal Place of Business <b>5948 CLUB HOUSE NEW PORT RICHEY FL 34653</b>	Mailing Address <b>5948 CLUB HOUSE NEW PORT RICHEY FL 34653</b>
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2. Principal Place of Business <b>7815 FIRESTONE WAY</b> Suite, Apt. #, etc.	3. Mailing Address <b>7815 FIRESTONE WAY</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>BAYONET POINT FL</b>	City & State <b>BAYONET POINT FL</b>	4. FEI Number <b>31-1780479</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34667</b>	Country <b>USA</b>	Zip <b>34667</b>	Country <b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6.-Name and Address of Current Registered Agent <b>SHOOK, NANCY 5948 CLUB HOUSE NEW PORT RICHEY FL 34653</b>		7.-Name and Address of New Registered Agent Name <b>NANCY SHOOK</b> Street Address (P.O. Box Number is Not Acceptable) <b>7815 FIRESTONE WAY</b> City <b>BAYONET POINT FL</b> Zip Code <b>34667</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>VICE PRESIDENT-TREASURER EDWARD T. SHOOK 7815 FIRESTONE WAY BAYONET PT. FL, 34667-3012</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **EDWARD T. SHOOK** *Edward T. Shook* **3/26/02** **727 819 1979**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)