

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90065 015 ***150.00

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DOCUMENT # P01000078896
1. Entity Name
NATIONAL ASSOCIATION CONSUMER SERVICES INC



Principal Place of Business

~~5290 SEMINOLE BLVD~~

~~ST PETERSBURG FL 33708~~

Mailing Address

~~5290 SEMINOLE BLVD~~ 12651 WALSHINGHAM RD

~~ST PETERSBURG FL 33708~~ LARGO, FL 33774



2. Principal Place of Business

8081 38TH AVE N

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

Zip

33710

Country

FL

Zip

33710

Country

FL

Zip

33774

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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3200796

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

ROHRET, KARIN

~~5290 SEMINOLE BLVD~~

~~ST PETERSBURG FL 33708~~

Name

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

12651 WALSHINGHAM RD

A/B

City

LARGO

FL

Zip Code

33774

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/1/03

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	P	<input checked="" type="checkbox"/> Delete
NAME	RAYKHER, STEVEN	
STREET ADDRESS	P O BOX 40471	
CITY-ST-ZIP	ST PETERSBURG FL 33743	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEO MEYERKOV	
STREET ADDRESS	8081 38TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
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		
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)