

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000098271

1. Entity Name

NBI OF OLDSMAR, INC.

Principal Place of Business

101 FAIRFIELD ST.
OLDSMAR FL 34677

Mailing Address

101 FAIRFIELD ST.
OLDSMAR FL 34677

2. Principal Place of Business

3. Mailing Address

15732 Muirfield Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Odessa, FL

Zip

Zip

33556

Country

Hillsborough

4. FEI Number

59-3749877

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHERK, NEIL S
3426 W. KENNEDY BLVD.
TAMPA FL 33609

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELONG, DEBRA L 15723 MUIRFIELD DR. ODESSA FL 33556	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELONG, FREDERICK 15723 MUIRFIELD DR. ODESSA FL 33556	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

CR2E034 (9/01)

SIGNATURE: *Debra L. DeLong* **RECORDED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-02

813-920-3117

Date

Daytime Phone #

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91488 044 ***150.00