2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Sep 04, 2003 8:00 am Secretary of State

1. Entity Nam		00100784		Secretary of State 09-04-2003 90062 047 ***150.00
Principal Plac 422 7TH AVE LARGO FL 33		Mailing Address 422 7TH AVE. N.E. LARGO FL 33770		
2. Principal P	Place of Business	3. Mailing Address		P TORNIOON IN ARMS NOW DOWN ARMS EARL HIGH ERMY LEAST JANK RICH FOR
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & Stat	e	City & State		4. FEI Number Applied For 59-3731349 Not Applied by
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
	N, KEVIN G			Address (P.O. Box Number is Not Acceptable)
LARGO F	AVE. N.E. L 33770		<del> </del>	
%. <b>*</b>			City	FL Zip Code
8. The above	named entity submits this statement for	r the purpose of changing its re	egistered office or r	or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	lons of regional again.	- 1/A		<del>&amp; 21 27 3</del>
- <del>- :</del>	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE: R	Registered Agent signature	ture required when reinstating) DATE
After Sej Make Check	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 k Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
TITLE	OFFICERS AND	DIRECTORS  Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	JACKMAN, KEVIN G 422 7TH AVE. N.E. LARGO FL 33770	. Poloto	NAME STREET ADDRESS CITY-ST-ZIP	Collarge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOSIELLO, ENRICO 4820 WELLBROOK DR. NEW PORT RICHEY FL 34653	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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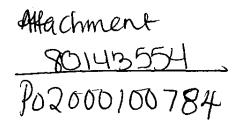
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

8-30-03

7275156836



## To Whom It May Concern:

We are a new company and we never received the original uniform business report, therefore we were not able to send it in on time. Enclosed is the payment as per your telephone instructions.

Thank You,

Rico Mosiello

VP. NoBs Technology Inc.

727-515-6836