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

## P02000122355 DOCUMENT # 1. Entity Name N.M.B. INTERNATIONAL INC.



**FILED** Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90063 040 \*\*\*150.00

NAME STREET ADDRESS CITY-ST-ZIP  TITLE  BLALOCK, NANCY M STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE			OTTAL, INO.					7					
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Get.	PO BOX 410517				PO BOX 410517			1					
Solicy & States  City	2. Principal	Place of Busin	ess	3. Ma	iling Address		<u> </u>						
Applied Programmed   Programm	Suite, Apt. #, etc. Suite, Apt. #, etc.								☐ CHECK HERE	IF MAKING (	CHANGE	s	
BIALOCK, NANCY M 4565 LAKE WASHINGTON ROAD MELBOURNE FL 2834  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Froirids. I am familiar with, and accept the deposition of registered agent.  SIGNATURE  FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Froirida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Froirida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE NOW!! FEE IS \$150.00 Make Check Payable to Froirida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE NAME  BIALOCK, NANCY M  BIALOCK, NANCY M  CITY-SI-2P  TILE NAME  SIRET ADDRESS  OTT-SI-2P  TILE NAME  SIRET ADDRE	COCOR	ate, FZ						4.	FEI Number 37- 1450 478		_ <del></del> -	<del></del>	e
BILALOCK, NANCY M 4565 LAKE WASHINGTON ROAD MELBOURNE FL 32934  City FL Zp Code  City FL Zp	329				<del>-</del>	Coun	SA.	5.	Certificate of Status Desired				]-
BLALOCK, NANCY M 4856 LAKE WASHINGTON ROAD  MELBOURNE FL 32934  City FL Zip Code  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the collegations of registered agent, but the collegations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the collegations of registered agent, but the collegations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the collegations of registered agent, but the collegations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the collegation of the collegation		6. Name	and Address of Cur	rent-Registere	ed Agent			7. 1	Name and Address of New R	egistered Ag	jent		_
### Addition ### A	RI AL OCI	K NANCY M					Name						1
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 Florids. I am familiar with, and accept the obligations of registered agent.  Signature    Signature				Street Address			(P.O. B	P.O. Box Number is Not Acceptable)					
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 Fiorida. I am familiar with, and accept the choice of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the choice of registered agent	MELBOU	IRNE FL 3293	34					•••				· · ·	1
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 policy agent to the policy agent to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the policy agent to the policy agent to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the policy agent to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the policy agent to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the policy agent to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the policy agent to the policy agent to the purpose of changing its registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	,				•		City			FL	Zip Co	de	+
SIGNATURE    Signature   Signa	8. The above	e named entity	submits this stateme	ent for the purp	ose of changing its	registere	ed office or register	red ag	ent, or both, in the State of Flo		l miliar with	, and accept	┦
Signature, lipided printer name of registered agont and steel if application   NOTE: Registered Agont segrature required when relination(s)   DATE		mons of registe	red agent.										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	SIGNATURE		r printed name of registered a	agent and title if app	licable. (NOTE	: Registered	1 Agent signature required	d when re	instation)	DATE			
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.		FILE NOW!!!	FFF IS \$150.00		· ·					DAIL			$\dashv$
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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

SIGNATURE:

<u>321</u> 752-0304