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

## **DOCUMENT #**

P9400006067



## **FILED** Mar 17, 2003 8:00 am Secretary of State

1. Entity N	SOUTH, INC.			03-17-2003 91061 040 ***150.00	
Principal Place of Business 3413 SW 14TH STREET DEERFIELD BEACH FL 33442 US		Mailing Address 3413 SW 14TH STREET DEERFIELD BEACH FL 33442 US			
2. Principa	Place of Business	3. Mailing Address			
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & St	ate	City & State		4. FEI Number 65-0469675 Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional	
	6. Name and Address of Curren	t Registered Agent	<del>-                                    </del>	Fee Required	
			Name	7. Name and Address of New Registered Agent	
3413 SW	i, jeff c V 14th street		Street Address	ss (P.O. Box Number is Not Acceptable)	
DEERFIE	ELD BEACH FL 33442				
8 The above	o named ontitue when the state	<u> </u>	City	FL Zip Code	
the obligation	_ Seff C. Nelson			itered agent, or both, in the State of Florida. I am familiar with, and accept  O/- 07- 03  DATE  DATE	
		and title if applicable. (NO	TE: Registered Agent signature requ	ired when reinstating) DATE	
Afte Make Chec	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	<b>I</b>		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	
NAME STREET ADDRESS CITY-ST-AIP	PT NELSON, JEFF C 10551 NW 43RD STREET CORAL SPRINGS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS NELSON, ERIC C 1177 SW 44 AVE. DEERFIELD BEACH FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Dēléte -	NAME STREET ADDRESS CITY-ST-2IP	Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STORATURE REQUESTED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-570-9570

Daytime Phone #