

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90143 005 ***150.00

DOCUMENT # **P95000011945**

1. Entity Name

NATIONAL SUPPORT RESOURCES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3720 SO. OCEAN BLVD

3720 SO. OCEAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1207

1207

City & State

City & State

HIGHLAND BEACH FL. HIGHLAND BEACH, FL

Zip **33487**

Country **USA**

Zip **33487**

Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0558699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARTIN PRAGER

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

c/o MARK SCHERMER

3720 SO. OCEAN BLVD # 1207

City

HIGHLAND BEACH

FL

Zip Code

33487

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MARTIN PRAGER
3720 SO. OCEAN BLVD # 806
HIGHLAND BEACH, FL. 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SUSAN SCHERMER
3720 SO. OCEAN BLVD # 1207
HIGHLAND BEACH, FL. 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN PRAGER

3/1/03

Date

Daytime Phone #

CR2E034B (12/02)