

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000045693

1. Entity Name

N.C. SALES AND MARKETING INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90047 015 ***158.75

Principal Place of Business

Mailing Address

1169 COVE LAKE RD
N. LAUDERDALE FL 33068
US

7154 N. UNIVERSITY DR.
STE. #95
TAMARAC FL 33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0584010

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANNON, NATALINE
1169 COVE LAKE RD
NO. LAUDERDALE FL 33068

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, 2001 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 PD ☐ Delete
NAME CANNON, NATALINE
STREET ADDRESS 1169 LAKE COVE RD
CITY-ST-ZIP N LAUDERDALE FL 33068

TITLE PCEO ☒ Change ☐ Addition
NAME Cannon, Natalie
STREET ADDRESS 1169 Cove Lake Rd.
CITY-ST-ZIP N-Lauderdale FL 33068

TITLE ST ☐ Delete
NAME CANNON, ROBIN
STREET ADDRESS 8787 SOUTHSIDE BLVD #4411
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ST ☒ Change ☐ Addition
NAME Cannon Robin
STREET ADDRESS 1169 Cove Lake Rd.
CITY-ST-ZIP N. Lauderdale Fl. 33068

TITLE VC ☐ Delete
NAME CANNON, ROBERT A II
STREET ADDRESS 13401 SUTTON PARK DR. SO. #317
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE VC ☒ Change ☐ Addition
NAME Cannon, Robert A
STREET ADDRESS 1169 Cove Lake Rd.
CITY-ST-ZIP N. Lauderdale Fl. 33068

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Nataline Cannon - Natalie Cannon 4-24-01 (979-6071) (954)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)