

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096082

1. Entity Name

N.A.S. ODOR CONTROL, INC.

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90028 045 \*\*\*158.75

Principal Place of Business

Mailing Address

W. SAMPLE ROAD  
SPRINGS FL 33065

9600 W. SAMPLE ROAD  
#303  
CORAL SPRINGS FL 33065-4035



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0634344

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COHEN, MORTON  
9600 W. SAMPLE ROAD  
#303  
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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, 2000 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PSD  
COHEN, MORTON  
9600 W. SAMPLE ROAD #303  
CORAL SPEINGS FL 33065

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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.

CR2E034 (9/99)