2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P96000040528

FILED
Sep 22, 2000 8:00 am
Secretary of State
09-22-2000 90040 044 ***550.00

1. Entity Name
N.T Enterprise Group INC

Principal Place of Business
8913 Regents Park Drive
#680
TAMPA FL 33647

Mailing Address

000107537

2. Principal Place of Business
State, Apt #, etc
City & State
Zip | Country

3. Mailing Address
Suite, Apt #, etc
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3381704 — 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
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 _____ DATE
Signature of a member or agent (See reverse side for required signature)

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

11. OFFICERS AND DIRECTORS

TITLE: VP ☒ Delete
NAME: Kelly, Robert A
STREET ADDRESS: 18505 Potters PL
CITY-ST-ZIP: TAMPA FL 33647

TITLE: T ☒ Delete
NAME: BRUSCINO, HENRY JR
STREET ADDRESS: 19409 VIA DEL MAR #303
CITY-ST-ZIP: TAMPA, FL 33647

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITEM 11

TITLE: VP/D ☐ Change ☒ Addition
NAME: JOHN, KELLY
STREET ADDRESS: 4114 Mitchell Rd
CITY-ST-ZIP: Land O'Lakes, Tampa 34639

TITLE: D ☐ Change ☒ Addition
NAME: Lola Vincent
STREET ADDRESS: 18315 Sturbridge Ct
CITY-ST-ZIP: TAMPA, FL 33647

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: Edward S. [illegible] 9/15/00 813 991-7001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

CR2E034 (9/99)

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

attachment
P96000040528
B0107357

DOCUMENT # P96000040528

1. Corporation Name
N.T. ENTERPRISE GROUP INC.

Principal Place of Business
19601 BRUCE B DOWNS BLVD
TAMPA FL 33647
US

Mailing Address
19601 BRUCE B DOWNS BLVD
TAMPA FL 33647
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/13/1996

2. Principal Place of Business

2a. Mailing Address 26

Suite, Apt. #, etc.

Suite, Apt. #, etc. 27

City & State

City & State 28

Zip 25 Country

Zip 29 Country 30

4. FEI Number: 59-3381704 — Applied For / Not Applicable

5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KIN, EDWARD
19651 BRUCE B. DOWNS BLVD. STE E6-6
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name: KIN, EDWARD (SAME AGENT - ADDRESS CHANGE)
82 Street Address (P.O. Box Number is Not Acceptable): 8913 REGENTS PARK DRIVE #680
83
84 City: TAMPA FL 85 Zip Code: 33647

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, WILLIAM	1.2 NAME	
STREET ADDRESS	4217 W SYLVAN RAMBLE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	1.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KIN, EDWARD	2.2 NAME	
STREET ADDRESS	9321 FAIRWAY LAKES CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	2.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BRUSCINO, HENRY JR	3.2 NAME	
STREET ADDRESS	19409 VIA DEL MAR SUITE 303	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	3.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KELLY, ROBERT A	4.2 NAME	
STREET ADDRESS	18505 PUTTERS PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Henry Bruscino Jr. HENRY BRUSCINO JR. 2/3/99 813-973-4155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)