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

2. Principal Place of Business
Suite, 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
Signature, typed or printed name of registered agent and title if applicable
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

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	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/99)

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 [signature] 9/15/00 813 991-7001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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	Mailing Address
19601 BRUCE B DOWNS BLVD TAMPA FL 33647 US	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
Suite, Apt. #, etc.
City & State
Zip Country [25]

2a. Mailing Address [26]
Suite, Apt. #, etc. [27]
City & State [28]
Zip Country [29] [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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		

CR2E034 (11/98)

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 #