

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000050900

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

Entity Name: NCG HOLDINGS, INC.

## Current Principal Place of Business:

4138 NEIL CT.  
TALLAHASSEE, FL 32303 US

## New Principal Place of Business:

8824 WINGED FOOT DRIVE  
TALLAHASSEE, FL 32312 US

## Current Mailing Address:

4138 NEIL CT.  
TALLAHASSEE, FL 32303 US

## New Mailing Address:

8824 WINGED FOOT DRIVE  
TALLAHASSEE, FL 32312 US

FEI Number: 59-3383619

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCWILLIAMS, SHANNON P  
4138 NEIL COURT  
TALLAHASSEE, FL 32303 US

## Name and Address of New Registered Agent:

MCWILLIAMS, SHANNON P  
8824 WINGED FOOT DRIVE  
TALLAHASSEE, FL 32312 US

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:

04/29/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MCWILLIAMS, SHANNON  
Address: 4138 NEIL COURT  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP ( ) Delete  
Name: JONES, ROBERT E. J  
Address: ROUTE 5, BOX 5235  
City-St-Zip: MONTICELLO, FL 32344

Title: VP ( ) Delete  
Name: DELVECCHIO, JOHN A  
Address: 2235 TEN OAKS DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCWILLIAMS, SHANNON  
Address: 8824 WINGED FOOT DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON MCWILLIAMS

PRES

04/29/2002

Electronic Signature of Signing Officer or Director

Date