2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000072251

FILED May 11, 2001 8:00 am

N.I.F. SER	VICES OF FLORIDA, INC.	05-11-2001 90073 035 ***150.00							
rincipa: Place c 6 E SEAVIEW D JCK KEY FL 330	PRIVE *	Mailing Address 316 E SEAVIEW DRIVE DUCK KEY FL 33050							
. Principal Plac	ce of Business	3. Mailing Address	<u>.</u>						
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				DO NOT WRITE	E IN THIS SPAC	CE	
City & State		City & State		4. FEI Number	65-0707049			lied For Applicable	
Zip Country		Zip	Country		5. Cortificate of	Status Desired		.75 Addit Required	
	6. Name and Address of Current	Registered Agent	1		7. Name and A	ddress of New Re	gistered Age	nt	***
				Name					
LOGGIE, DENNIS 316 E SEAVIEW DRIVE				Street Address (P.O. Box Number is Not Acceptable)					
DUCK	KEY FL 33050								
				City				Zip Code	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Signature, typod or printed name of reg stored agent and the if applicable. (NOTE Register.) FILE NOW!!! F After MAY 1, 2001 F Make Check Payable to				S \$150.00 will be \$550.0	Trus	tion Campaign Fin t Fund Contribution	n. 🗆	Ådded	0 May Be to Fees
11.	OFFICERS AND	DIRECTORS	12.		ADDITIONS/C	HANGES TO OFF	ICERS AND D	IRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOGGIE, DENNIS 316 E. SEAVIEW DR. DUCK KEY FL	☐ Delete	1	ET ADDRESS SY-ZIP] Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	VP ORLANDO, MICHAEL A. 40 SOUNDVIEW CREST MANHASSET NY	☐ Delaic						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ORLANDO, JOHN G. 6 MEDFORD LANE E. NORTHPORT NY	☐ Delete	1	l			Ĩ	Change	Acdit on
TITLE NAME STREET ADDRESS CITY-ST-ZiP	E. HOMBI GIVE	☐ Delate		I			[Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addit on
TITLE NAME STREET ADDRESS		☐ Dolcte	TIT! NAN SER	E				☐ Change	Acdit.on

13. Thereby certify that the information supplied with this filling 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 supplies pental report is true any 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 rustee empowered by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 I changed, or on an attachment with a address, with all attentive empowered.

SIGNATURE:

DENNIS LOGGIE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 289-5890