

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90120 006 ***150.00

DOCUMENT # P96000074400

1. Entity Name

NCS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**910 S 8TH ST
 FERNANDINA BEACH FL 32034**

**910 S 8TH ST
 FERNANDINA BEACH FL 32034-3707**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3407015

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HUGHES, CHARLES A
 910 S 8TH ST
 FERNANDINA BEACH FL 32034**

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

(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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P HUGHES, CHARLES A**
 STREET ADDRESS **910 S 8TH ST**
 CITY-ST-ZIP **FERNANDINA BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **5158 Seachase, #5**
 CITY-ST-ZIP **Amelia Island, FL 32034**

TITLE Delete
 NAME **VP NORTON, THOMAS E**
 STREET ADDRESS **1780 OCEAN VILLAGE DR**
 CITY-ST-ZIP **AMELIA ISLAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **Amelia Island, FL 32034**
 CITY-ST-ZIP

TITLE Delete
 NAME **VP CODY, JOHN S**
 STREET ADDRESS **4050 PAYNE PARKWAY**
 CITY-ST-ZIP **OLIVE BRANCH MS**

TITLE Change Addition
 NAME
 STREET ADDRESS **Rt. 1, Box 191F**
 CITY-ST-ZIP **Ashland, MS 38603**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Hughes
Charles Hughes

Date

Daytime Phone #

1-3-00 904-321-2446

CR2E034 (9/99)