

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000074400

1. Entity Name  
NATIONAL COMPUTER SERVICES, INC.

Principal Place of Business  
910 S 8TH ST  
FERNANDINA BEACH FL 32034

Mailing Address  
910 S 8TH ST  
FERNANDINA BEACH FL 32034

2. Principal Place of Business  
1941 CITRONA DRIVE  
Suite, Apt. #, etc.

3. Mailing Address  
1941 CITRONA DRIVE  
Suite, Apt. #, etc.

City & State  
FERNANDINA BEACH, FL  
Zip  
32034  
Country  
NASSAU

City & State  
FERNANDINA BEACH, FL  
Zip  
32034  
Country  
NASSAU

4. FEI Number 59-3407015

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1941 CITRONA DRIVE  
City FERNANDINA BEACH FL Zip Code 32034

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 \_\_\_\_\_ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P HUGHES, CHARLES A 5158 SEACHOSE #5 AMELIA ISLAND FL 32034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NORTON, THOMAS E 1780 OCEAN VILLAGE DR AMELIA ISLAND FL 32034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CODY, JOHN S RT 1 BOX 191F ASHLAND MS 38603	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4682 CARLTON DUNES #7 AMELIA ISLAND, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS E. NORTON

01/09/01  
Date

(904) 321-2446  
Daytime Phone #

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90004 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)