

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90040 024 \*\*\*158.75

**DOCUMENT # P96000089090**

1. Entity Name

**NATIONAL C. S. & V., INC.**

Principal Place of Business

**2620 CARTER LN  
LAKE WORTH FL 33460  
US**

Mailing Address

**PO BOX 1646  
LAKE WORTH FL 33460  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0713596**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****NICHOLS, ROBERT B SR****1407 RUPP LN  
LAKE WORTH FL 33460****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.

(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, 2002 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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SMITH, KEVIN W</b>	
STREET ADDRESS	<b>129 DEGAS DR</b>	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	

TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>NICHOLS, MARK K</b>	
STREET ADDRESS	<b>1407 RUPP LN</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>NICHOLS, ROBERT B SR</b>	
STREET ADDRESS	<b>1407 RUPP LN</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	

TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOLDEN, PAT W.</b>	
STREET ADDRESS	<b>1407 RUPP LANE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Nichols, Mark K</b>	
STREET ADDRESS	<b>1407 Rupp Ln</b>	
CITY-ST-ZIP	<b>Lake Worth FL 33460</b>	

TITLE	<b>Secretary/Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Nichols, Robt B Sr</b>	
STREET ADDRESS	<b>1407 Rupp Lane</b>	
CITY-ST-ZIP	<b>Lake Worth FL 33460</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Toeys, Brent R</b>	
STREET ADDRESS	<b>848 Appleby St</b>	
CITY-ST-ZIP	<b>Boca Raton FL 33487</b>	

TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Johnson, Kent B</b>	
STREET ADDRESS	<b>3433 Hollywood Oaks Dr</b>	
CITY-ST-ZIP	<b>Ft Lauderdale, FL 33312</b>	

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 REQUIRED**

1/

/2001

561-586-0558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #