2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004308



FILED Mar 24, 2003 8:00 am Secretary of State

Zip Country Zip Country S. Certificate of Status Desired S. S. Additional Country S. Certificate of Status Desired S. S. Additional Country S. Certificate of Status Desired See Required Agent 7. Name and Address of New Registered Agent Name SHAW, WILLIAM B JR 18395 GULF BLVD #203 INDIAN SHORES FL 33785 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. I am familiar with, and the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INDIANS SIRET ADDRESS CITY-ST-ZIP TITLE PD TAYLOR, JACK 12300 PARK BLVD, #206 SEMINOLE FL 33772 TITLE Delete TITLE Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE Delete TITLE SIRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SIRET ADDRESS C	1. Entity Nar	NT MARKETING, INC.	0000-000		03-24-2003 90208 035 **		
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City & State Country Coun	2. Principal Place of Business		3. Mailing Address				
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SHAW, WILLIAM B JR 18395 GULF BLVD #203 INDIAN SHORES FL 33785 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. I am familiar with, and the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS SIREE ADDRESS SIREE ADDRESS CITY-ST-ZIP TITLE NAME SIREE ADDRESS CITY-ST-ZIP TITLE NAME SIREE ADDRESS CITY-ST-ZIP TITLE SIREE ADDRESS CITY-ST-ZIP Delete TITLE SIREE ADDRESS CITY-ST-ZIP SIREE ADDRESS CITY-ST-ZIP TITLE SIREE ADDRESS CITY-ST-ZIP TITLE SIREE ADDRESS CITY-ST-ZIP TITLE SIREE ADDRESS CITY-ST-ZIP TITLE SIREE ADDRESS CITY-ST-ZIP SIREE ADDRESS	Zip			Country		75 Additional	
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	· · ·	· · · · · · · · · · · · · · · · · · ·	eas a si almana	Name	and the state of t	· ·	
INDIAN SHORES FL 33785 City FL Zip Code	,			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
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. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and table if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstaturg) DATE					ſ⁻ Ĺ	•	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	-	_	

indicated on this report or supplemental reports 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 treatee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE