

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90030 013 ***150.00

DOCUMENT # P97000033761

1. Entity Name

NATIONAL LEADS SERVICES, INC.

Principal Place of Business

Mailing Address

3195 N POWERLINE RD
 STE 105E
 POMPANO BEACH FL 33069

3195 N POWERLINE RD
 STE 105E
 POMPANO BEACH FL 33069-1052

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0747019**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

0035938



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FROHMAN, SCOTT
7805 W STARWAY PL
BOCA RATON FL 33433

Name **THOMAS J. QUARLES**

Street Address (P.O. Box Number is Not Acceptable)
6601 PARK OF COMMERCE BLVD

City **BOCA RATON**

FL

Zip Code **33487**

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

Thomas J. Quarles **THOMAS J. QUARLES (VICE PRESIDENT/SECRETARY)**

3-03-00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	FROHMAN, SCOTT	7805 W. STARWAY PL	BOCA RATON FL 33433	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	FROHMAN	6601 PARK OF COMMERCE BLVD	BOCA RATON, FL 33487	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OT V	BRETTON, CHRISTIANE	6601 PARK OF COMMERCE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
DSV	QUARLES, THOMAS	6601 PARK OF COMMERCE BLVD	BOCA RATON, FL 33487	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 J. Quarles **THOMAS J. QUARLES**

3-3-00

Date

561-999-4403

Daytime Phone #

CR2E034 (9/99)