## 2002 UNIFORM BUSINESS REPORT (UBR)

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NATIONAL		INGUISHERS, INC					<i>}-</i>	LE()		
		integration in the	•			(	02 FEB -7	AMI	)	
Principal Place of Business 3507 SHARER RD TALLAHASSEE FL 32312			Mailing Address 3507 SHARER RD TALLAHASSEE FL 32312		-		SECRETARY ALLAHASSE			
US	: FL 32312		US					E., FLOF	RIDA <b>Hili</b>	
2. Principal Place of Business Suite, Apt. #, etc.		S	3. Mailing Address  Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	e '		City & State		4.	FEI Number	59-2086839		<u> </u>	oplied For ot Applicable
Zip		Country	Zip	Country	5.	. Certificate of S	Status Desired		\$8.75 Add	
	6. Name an	d Address of Current Re	gistered Agent		7.	Name and Add	dress of New R	egistered	Agent	
				Name						
	AWRENCE			Street A	Address (P.O.	Box Number is	Not Acceptable	e)		
3507 SHA		_								
TALLAHAS	SSEE FL 32312	2								
				City				FL	Zip Cod	е
SIGNATURE	,	ubmits this statement for the	ne purpose of changing its	registered office of the control of			n the State of Flo	DATE		
SIGNATURE _ 9. This corpo Tax filing re	Signature, typed or pr	rinted name of registered agent and	title if applicable. (NOTE	Registered Agent signa	ture required when .00 550.00	n reinstating)	n the State of Flo	DATE		00 May Be
9. This corpo Tax filing r (See criter	Signature, typed or propertion is eligible requirement and	rinted name of registered agent and to satisfy its Intangible elects to do so.	FILE NOW! After May 1, 200 Make Check Payab	Registered Agent signa	ture required when .00 550.00 nt of State	n reinstating)	n Campaign Fin fund Contributio	DATE ancing n. [	Added	d to Fees
9. This corpo Tax filing r (See criter	Signature, typed or properties of selligible requirement and ria on back)	rinted name of registered agent and to satisfy its Intangible elects to do so.  OFFICERS AND DII	FILE NOW! After May 1, 200 Make Check Payab	:: Registered Agent signa !! FEE IS \$150 02 Fee will be \$ lie to Departmen	.00 550.00 nt of State	10. Election Trust F	on Campaign Fin fund Contributio	DATE ancing n. [	Added	d to Fees S IN 11
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SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Daylime Phone #