

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096242
1. Entity Name

NLS HOME COLLECTIONS, INC.

FILED

00 JUN 29 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
8841--WEST TERRY ST.
Bonita Springs, FL 34135 SAME

2. Principal Place of Business 3. Mailing Address
~~P O BOX 2507~~ SAME AS ABOVE ~~P O BOX 2507~~ SAME AS ABOVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

BONITA SPRINGS, FL City & State BONITA SPRINGS, FL 4. FEI Number 59-3476671 Applied For Not Applicable
Zip ~~34133~~ 34135 Country USA Zip ~~34133~~ 34135 Country USA 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
MICHAEL LESLIE
101 SHARWOOD DRIVE
NAPLES, FL 34110
Name W. Thomas Barrett III
Street Address (P.O. Box Number is Not Acceptable) 8841 WEST TERRY Street
City Bonita Springs FL Zip Code 34135

8. The above named entity submits this statement for purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE W. Thomas Barrett III 6/28/00
Signature, typed or printed name of registered agent and title if applicable (Not required Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ 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	PTD	<input checked="" type="checkbox"/> Delete	TITLE	President/V.P./Treas./Sect.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL LESLIE		NAME	W. Thomas Barrett III	
STREET ADDRESS	101 SHARWOOD DRIVE		STREET ADDRESS	8841 WEST TERRY ST.	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	VSD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNIFER LESLIE		NAME		
STREET ADDRESS	101 SHARWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: W. Thomas Barrett III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)