

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90202 047 \*\*\*150.00

027745 AV

DOCUMENT # P97000105981

1. Entity Name

NATIONAL CONTRACTING SOLUTIONS, INC.



Principal Place of Business

3876 SW 112TH AVE  
STE 78  
MIAMI FL 33165  
US

Mailing Address

3876 SW 112TH AVE  
STE 178  
MIAMI FL 33165  
US

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

65-0799996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARCLAY, EDWIN D.  
3876 SW 112TH AVE  
STE 178  
MIAMI FL 33165

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-07-03

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003, Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 10. OFFICERS AND DIRECTORS |                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BARCLAY, EDWIN                    | NAME  |   |
| STREET ADDRESS             | 3876 SW 112TH AVE #178            | STREET ADDRESS  |   |
| CITY-ST-ZIP                | MIAMI FL 33165                    | 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 |
| 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 |
| NAME                       |                                   | NAME  |   |
| STREET ADDRESS             |                                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                   | 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-07-03

CR2E034 (10/02)