

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90142 037 ***150.00

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DOCUMENT # P98000004838

1. Entity Name

NATIONAL BENCH ADS, INC



Principal Place of Business

**5330 SW 14 ST
PLANTATION FL 33317**

Mailing Address

**5330 SW 14 ST
PLANTATION FL 33317**

2. Principal Place of Business

1330 S. Killian Dr.

3. Mailing Address

P.O. Box 1185

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Park, Florida

City & State

West Palm Beach, Florida

Zip

33403

Country

Palm Beach

Zip

33402

Country

Palm Beach

6. Name and Address of Current Registered Agent

FLUTIE, GLENN A

**5330 SW 14 ST
PLANTATION FL 33317**

7. Name and Address of New Registered Agent

Name

Charles L. Rocker, Jr.

Street Address (P.O. Box Number is Not Acceptable)

3014 Horatio Street

City

Tampa

FL

Zip Code

33609

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

Charles L. Rocker, Jr.

2-19-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FLUTIE, GLENN A	
STREET ADDRESS	5330 S.W. 14TH STREET	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Urba, Peter G.	
STREET ADDRESS	1330 S. Killian Drive	
CITY-ST-ZIP	Lake Park, FL 33403	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Urba, Veronica A.	
STREET ADDRESS	1330 S. Killian Drive	
CITY-ST-ZIP	Lake Park, FL 33403	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Parenteau, Walter	
STREET ADDRESS	1330 S. Killian Drive	
CITY-ST-ZIP	Lake Park, FL 33403	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 the empowered.

SIGNATURE:

Charles L. Rocker, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 FEB 2003

Date

561 845-7050

Daytime Phone #

CR2E034 (10/02)