

2000 UNIFORM BUSINESS REPORT (UBR)

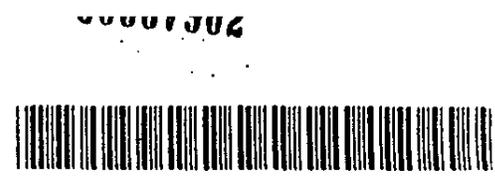
FILED
May 16, 2001 8:00 am
Secretary of State
 05-16-2001 90264 049 ***150.00

DOCUMENT # F98000046935

1. Entity Name
38 NAS, INC.

Principal Place of Business: **12360-66TH STREET SUITE M LARGO FL 34643**
 Mailing Address: **12360-66TH STREET SUITE M LARGO FL 33773-3434**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____



DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3521648**
 Applied For: Not Applied For:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **NASH, THOMAS C II 625 COURT STREET SECOND FLOOR CLEARWATER FL 33756**
 7. Name and Address of New Registered Agent: 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.

SIGNATURE: _____ (NOTE: Registered Agent sign date 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 Added to Fee

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE: DP	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> A
NAME: MOYLES, NATALIE		NAME: _____	
STREET ADDRESS: 12360-66TH STREET SUITE M		STREET ADDRESS: _____	
CITY-ST-ZIP: LARGO FL 34643		CITY-ST-ZIP: _____	
TITLE: DV	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> A
NAME: MOYLES, MICHAEL SEAN		NAME: _____	
STREET ADDRESS: 12360-66TH STREET SUITE M		STREET ADDRESS: _____	
CITY-ST-ZIP: LARGO FL 34643		CITY-ST-ZIP: _____	
TITLE: DST	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> A
NAME: MOYLES, ASHLEY		NAME: _____	
STREET ADDRESS: 12360-66TH STREET SUITE M		STREET ADDRESS: _____	
CITY-ST-ZIP: LARGO FL 34643		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> A
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"/> A
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Natalie Moyles* Date: **4/28/00** 727-535-9895
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR