2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000065529 **DOCUMENT #**

1. Entity Name

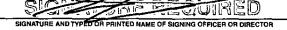


FILED Apr 16, 2003 8:00 am Secretary of State 04-16-2003 90291 028 ***150.00

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$55.00 hay Bo Addod to Fees Page Page	N.B.C. HOLDINGS, INC.									
Surie. Apt. #. etc. GHECK HERE IF MAKING CHANGES Applied For City & State City & City & State City & City & State City & State City & City & State City & Ci	1736 BUCKHORN PL.		1736 BUCKHORN PL.	1736 BUCKHORN PL.						
City & State Country Country Country Sp. Replication Sp. Septided	2. Principal P	Place of Business	3. Mailing Address							
Septiment Sept	Suite, Apt. #, etc.		Suite, Apt. #, etc.		□ снеск не	ERE IF MAKING	CHANGES			
Zop Country Zip Country 5, Certificate of Status Desired \$8,75 Actionnel For Pequited \$6, Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent 7, Name and Address 7, Name and Add	City & State		City & State			4. FEI Number 59-35250)65	<u> </u>		
CHRYSOCHOS, NICHOLAS 1736 BUCKHORN PL. ORLANDO FL 32825 City FL Zip Codo City City FL Zip Codo City FL Zip Codo City City City FL Zip Codo City City FL Zip Codo City C	Zip	Country Zip		Country		5. Certificate of Status Desire		\$8.75 Add	litional	
CHRYSOCHOS, NICHOLAS 1736 BUCKHORN PL. ORLANDO FL 3825 City FL Zip Code 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the occipations of registered agent. SIGNATURE SUMMAR, Investor printed orms of regolatined agent and 1967 Registered Agent Ingression required when installaring) DITE FILE NOW!!! FE IS \$150.00 After May 1, 2003 Eee will be \$50.00 Make Check Payable to Righted Department of State 10. OFFICERS AND DIRECTORS IT ILL DITE CHRISCOLOS, NICHOLAS TITLE MAKE CHRISCOLOS, NICHOLAS TITLE MAKE CHRISCOLOS, NICHOLAS TITLE MAKE SITIET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE SITIET ADDRESS TOTAST-2P TITLE DITTLE		6. Name and Address of Current Registered Agent				7. Name and Address of No				
1736 BUCKHORN PL. ORLANDO FI. 32825 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida agent, or both, in the State of Florida agent	CHDASOCHOS MICHOLYS				Name					
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the coligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the coligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the coligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the coligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the coligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the coligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the coligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the coligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the coligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the coligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the coligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the coligation of the coligation o				Street Address		O. Box Number is Not Accept	able)			
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fortida. I am familiar with, and accept the octigations of registered agent. SIGNATURE Signature, typec or printed name of registered agent and the ill suprication. (NOTE Registered Agent signature required when remaining) DATE				}-		 				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the octigations of registered agent. SIGNATURE SUMMAN, typed or printed name of registered agent and site if septembers agent and site if septembers. (IXOTE Registered Agent algretative required when entratings) DATE	ORLANDO	7 FL 32023			City			Zip Cod	e	
SIGNATURE Signature upead or preceded name of registered agent and site if expiritable. (NOTE Registered Apent aignature) DATE			<u> </u>		_ _					
SIGNATURE Synature, hypod or protect name of regulatives agent and size if applicable. (NOTE Registered Agent aignature required when reinitiating) CATE			r the purpose of changing	its registered	office or registere	ed agent, or both, in the State of	of Florida. I am ta	amiliar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$55.00 hay Bo Addod to Fees Page Page										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Flyrida Department of State 10.	SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (N	OTE: Registered A	Agent signature required	when reinstating)	DATE		 -	
After May 1, 2003 [see will be \$\$50.00 May be Make Check Payable to Filprida Department of State 10.										
Make Check Payable to Fièrida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAME 1736N BUCKHORN PL ORLANDO FL 32825 TITLE NAME NAME NAME NAME SIBERT ADDRESS OTTY-ST-2IP NAME D SMITH, CODY SIBERT ADDRESS OTTY-ST-2IP D SMITH, RALPH W P.O. BOX 410485 SIBERT ADDRESS OTTY-ST-2IP TITLE D SMITH, RALPH W P.O. BOX 410485 SIBERT ADDRESS OTTY-ST-2IP TITLE D SMITH, RALPH W P.O. BOX 410485 SIBERT ADDRESS OTTY-ST-2IP TITLE D SMITH, RALPH W P.O. BOX 410485 SIBERT ADDRESS OTTY-ST-2IP TITLE D SMITH, RALPH W P.O. BOX 410485 SIBERT ADDRESS OTTY-ST-2IP TITLE D Delete TITLE D Delete TITLE NAME SIBERT ADDRESS OTTY-ST-2IP TITLE OTTY-ST-2IP TIT										
TITLE NAME NAME STRET ADDRESS CITY-ST-2IP TITLE D CHRISOCHOS, NICHOLAS CITY-ST-2IP TITLE D CHRISOCHOS, NICHOLAS CITY-ST-2IP TITLE D SMITH, CODY SMITH, RALPH W SMIE ADDRESS CITY-ST-2IP TITLE D SMITH, RALPH W SMIET ADDRESS CITY-ST-2IP TITLE NAME SIRET ADDRESS CITY-ST-2IP TITLE T	Make Check Payable to Florida Department of State					Trust Fund Contrib	oution.	Added	to Fees	
NAME STREET ADDRESS CITY-ST-ZIP CHRISOCHOS, NICHOLAS 1736R BUCKHORN PL ORLANDO FL 32825 CITY-ST-ZIP CHRISOCHOS, NICHOLAS 1736R BUCKHORN PL ORLANDO FL 32825 CITY-ST-ZIP CHRISOCHOS, NICHOLAS 1736R BUCKHORN PL ORLANDO FL 32825 CITY-ST-ZIP CHRISOCHOS, NICHOLAS 1736R BUCKHORN PL ORLANDO FL 32825 CITY-ST-ZIP CHRISOCHOS, NICHOLAS 1736R BUCKHORN PL ORLANDO FL 32825 CITY-ST-ZIP CHRISOCHOS, NICHOLAS 1736R BUCKHORN PL ORLANDO FL 32825 CITY-ST-ZIP CHRISOCHOS, NICHOLAS 1736R BUCKHORN PL ORLANDO FL 32825 CITY-ST-ZIP CHRISOCHOS, NICHOLAS 1736R BUCKHORN PL ORLANDO FL 32825 CITY-ST-ZIP CHRISOCHOS, NICHOLAS 1736R BUCKHORN PL ORLANDO FL 32825 CITY-ST-ZIP CHRISOCHOS, NICHOLAS 1736R BUCKHORN PL ORLANDO FL 32825 CITY-ST-ZIP CHRISOCHOS, NICHOLAS 1736R BUCKHORN PL ORLANDO FL 32825 CITY-ST-ZIP CHRISOCHOS, NICHOLAS 1736R BUCKHORN PL ORLANDO FL 32825 CITY-ST-ZIP CHRISOCHOS, NICHOLAS 1736R BUCKHORN PL ORLANDO FL 32825 CITY-ST-ZIP CHRISOCHOS, NICHOLAS 1736R BUCKHORN PL ORLANDO FL 32825 CITY-ST-ZIP CHRISOCHOS, NICHOLAS 1736R BUCKHORN PL ORLANDO FL 32825 CITY-ST-ZIP CHRISOCHOS, NICHOLAS 1736R BUCKHORN PL ORLANDO FL 32825 CITY-ST-ZIP CHRISOCHOS, NICHOLAS 1736R BUCKHORN PL ORLANDO FL 32825 CITY-ST-ZIP CHRISTOCHOS 1711E CHRISCOCHOS 1711E 1711E CHRISCOCHOS 1711E	10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTORS	S IN 11	
STREET ADDRESS CITY-ST-ZIP TITLE D SMITH, CODY P.O. BOX 410485 CITY-ST-ZIP TITLE D SMITH, RALPH W P.O. BOX 410485 CITY-ST-ZIP TITLE D SMITH, RALPH W P.O. BOX 410485 CITY-ST-ZIP TITLE D SMITH, RALPH W P.O. BOX 410485 CITY-ST-ZIP TITLE TIT	TITLE		☐ Delete	TITLE						
CITY-ST-ZIP ORLANDO FL 32825 CITY-ST-ZIP ITILE NAME SIRECT ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME			NAME	j				}	
TITLE NAME SINEET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP	STREET ADDRESS									
NAME SIRET ADDRESS CITY-ST-ZIP TITLE D SMITH, RALPH W SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE D SMITH, RALPH W SMELBOURNE FL 32941 Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP			_ _		T-ZIP -					
STREET ADDRESS CITY-ST-ZIP MELBOURNE-FL 32941 - Delete SMITH, RALPH W SMITH, RALPH W P.O. BOX 410485 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	_	L] Delete					Change	☐ Addition	
MELBOURNE-FL 32941 CITY-ST-ZIP					Anneess				1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP		<u> </u>				~	٠		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		□ Delete		- 	 	<u> </u>	□ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME	SMITH, RALPH W								
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	P.O. BOX 410485		STREET	ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP CITY-E TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP	MELBOURNE FL 32941		CITY-S	T-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	•	Delete					Change	Addition	
CITY-ST-ZIP					LABORECC .					
TITLE TITLE TITLE TITLE TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				1				1		
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP		 	□ Doloto		-			[Change	□ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME		L., Detete		1			Unange	C Addition	
TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS			STREET	ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-S1	T-ZIP					
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE				☐ Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP	NAME			•	.				Į	
					i					
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		ertify that the information expoliced with	this filing does not qualify t			ation 110.07(3\/i). Florida Ct-t-d	on thurther a	if , that the '	oformation	

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:



Daytime Phone #