

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067162

1. Entity Name

NCC BUSINESS SERVICES OF WEST PALM BEACH, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90093 003 ***150.00

Principal Place of Business

Mailing Address

6415 LAKE WORTH RD., STE 312
GREENACRES FL 33463

6415 LAKE WORTH RD., STE 312
GREENACRES FL 33463-2903



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Green Acres FL

6415 Lake Worth

Suite, Apt. #, etc.

Suite, Apt. #, etc.

312 Suite

312 Suite

City & State

City & State

Green Acres FL

Green Acres FL

Zip

Country

Zip

Country

33463

USA

33463

USA

4. FEI Number

65-0853662

Applied For

Not Applicable

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

POLLAN, IRVING O.

3733 UNIVERSITY BOULEVARD
SUITE 300
JACKSONVILLE FL 32217

Name

POLLAN, IRVING O.

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

3733 University Blvd. Suite 300

City

Jacksonville

FL

Zip Code

32217

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEIGH, TIMOTHY
1499 FOREST HILL BOULEVARD #119
WEST PALM BEACH FL 33406 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
N/A - SAME AS Before

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
POLLAN, EDWARD S
3733 UNIVERSITY BOULEVARD #300
JACKSONVILLE FL 32217 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
N/A - SAME AS Before

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
POLLAN, IRVING O
3733 UNIVERSITY BOULEVARD #300
JACKSONVILLE FL 32217 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
N/A - SAME AS Before

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
POLLAN, STEPHEN
3733 UNIVERSITY BOULEVARD #300
JACKSONVILLE FL 32217 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
N/A - SAME AS Before

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Timothy Leigh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

4/17/00 561-964-9895
Date Daytime Phone #

CR2E034 (9/99)