

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State
 02-22-2000 90001 037 ***150.00

DOCUMENT # P98000090819
 1. Entity Name
N.C.A. INTERNATIONAL OCEAN FREIGHT FORWARDERS, I

Principal Place of Business Mailing Address
CHANNELSIDE DR. **1112 CHANNELSIDE DR.**
#300 **SUITE #300**
FL 33602 **TAMPA FL 33602-3605**

00023454



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address
6801 CHIPPENDALE CT **6801 CHIPPENDALE COURT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
TAMPA FLORIDA **TAMPA FLORIDA**
 Zip Zip Country Country
33634 **33634** **U.S.A** **U.S.A**

4. FEI Number Applied For
59-3538019 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WATKINS, CARL T CPA
7345 JACKSON SPRINGS RD.
TAMPA FL 33634

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	D CARDONA, JOHN D 6801 CHIPPENDALE TAMPA FL 33634	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		NAME	
<input type="checkbox"/> Delete		STREET ADDRESS	
<input type="checkbox"/> Delete		CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		NAME	
<input type="checkbox"/> Delete		STREET ADDRESS	
<input type="checkbox"/> Delete		CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		NAME	
<input type="checkbox"/> Delete		STREET ADDRESS	
<input type="checkbox"/> Delete		CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		NAME	
<input type="checkbox"/> Delete		STREET ADDRESS	
<input type="checkbox"/> Delete		CITY-ST-ZIP	

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: *John D. Cardona* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 2/14/00 813-225-1117
 Date Daytime Phone #

CR2E034 (9/99)