2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P98000099004 May 18, 2000 8:00 am Secretary of State 1. Entity Name N.T.S., INC. 05-18-2000 90356 019 ***150.00 Mailing Address Principal Place of Business 3220 NORTH CARL G. ROSE HIGHWAY 3220 NORTH CARL G. ROSE HIGHWAY HERNANDO FL 34442 HERNANDO FL 34442-3158 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number 59-3539479 nvernes 5 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEWMAN, RICHARD S Street Address (P.O. Box Number is Not Acceptable) 3220 NORTH CARL G. ROSE HIGHWAY HERNANDO FL 34442 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 signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12 - ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition TITLE ☐ Delete TITLE NEWMAN, RICHARD S NAME NAME 3220 NORTH CARL G. ROSE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HERNANDO FL 34442 CITY-ST-7IF Addition ☐ Delete ☐ Change TITLE **NEWMAN, DENISE** NAME 3220 NORTH CARL G. ROSE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HERNANDO FL 34442 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE Delete TITLE 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 eath; 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 in Block 12 address, with all other like e