## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P98000099004 1. Entity Name N.T.S., INC. 04-23-2001 90139 028 \*\*\*150.00 Mailing Address Principal Place of Business 204 TOMPKINS ST 204 TOMPKINS ST INVERNESS FL 34450 INVERNESS FL 34450 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 59-3539479 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Newman Tenise Street Address (P.O. Box Number is Not Acceptable) NEWMAN, RICHARD S. 3220 NORTH CARL G. ROSE HIGHWAY TOMOISINS HERNANDO FL 34442 City 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. Newman engu SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Newman, Richard ☐ Addition TITLE Delete TITLE NAME NEWMAN, RICHARD S NAME 204 TOMPKINS ST STREET ADDRESS STREET ADDRESS 3220 NORTH CARL G. ROSE HIGHWAY Inverness, FL 34450 CITY-ST-7IP CITY-ST-ZIP HERNANDO FL 34442 Change ☐ Addition PS ☐ Delete TITLE TITLE Newman Denise NEWMAN, DENISE NAME NAME 204 Tompkins ST STREET ADDRESS 3220 NORTH CARL G. ROSE HIGHWAY STREET ADDRESS Inverness, FL 34450 CITY-ST-ZIP CITY-ST-7IP HERNANDO FL 34442 Change ☐ Addition ☐ Detete TITLE NAME 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-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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 flee empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

(352) 637-2006