

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90144 021 ***150.00

C0002130



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000017485			
1. Entity Name NOCK ENTERTAINMENT GROUP, INC.			
Principal Place of Business 3860 PIN OAKS ST. SARASOTA FL 34232		Mailing Address 3860 PIN OAKS ST. SARASOTA FL 34232	
2. Principal Place of Business 3101 LENA LANE Suite, Apt. #, etc.		3. Mailing Address 3101 LENA LANE Suite, Apt. #, etc.	
City & State SARASOTA, FLORIDA		City & State SARASOTA, FLORIDA	
Zip 34240	Country U.S.A.	Zip 34240	Country U.S.A.
6. Name and Address of Current Registered Agent NOCK, EUGENE A 3860 PIN OAKS ST. SARASOTA FL 34232		4. FEI Number 65-0896324 Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name NOCK, EUGENE A. Street Address (P.O. Box Number is Not Acceptable) 3101 LENA LANE City SARASOTA, FL Zip Code 34240			
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 <u>Eugene A. Nock</u> EUGENE ANTHONY NOCK DATE 1-4-01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTS NOCK, EUGENE A 3860 PIN OAKS ST SARASOTA FL 34232 3101 LENA LANE SARASOTA, FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Eugene A. Nock</u> Eugene A. Nock <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1-3-01 Daytime Phone # 941 322 1812	

CR2E034 (10/00)