

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034075

1. Entity Name:
NWR SERVICES, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91149 025 ***150.00

Principal Place of Business Mailing Address
10312 BLOOMINGDALE AVE. SUITE A-2 10312 BLOOMINGDALE AVE. SUITE A-2
RIVERVIEW FL 33569 RIVERVIEW FL 33569

2. Principal Place of Business 3. Mailing Address
314 Bloomingdale Ave E P.O. Box 2390
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Brandon, FL Brandon, FL
Zip Country Zip Country
33511 USA 33509-2390 USA

4. FEI Number 59-3570682 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALBAUGH, MITCHELL E
10312 BLOOMINGDALE AVE, SUITE A-2
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
314 Bloomingdale Ave. E.
City Brandon FL Zip Code 33511

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 Mitchell E. Albaugh DATE 4-25-01
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	ALBAUGH, MITCHELL E	
STREET ADDRESS	1436 PEACHFIELD DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ALBAUGH, LESLIE K	
STREET ADDRESS	1436 PEACHFIELD DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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: Mitchell E. Albaugh, Pres. DATE 4-25-01 (813) 628-4996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

03/3/1

CR2E034 (10/00)