

5/ **FILED**
Jun 20, 2001 8:00 am
Secretary of State

05-17-2001 90378 024 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049203

1. Entity Name
N.G.S., INC.

Principal Place of Business
**985 N. COLLIER BLVD.
MARCO ISLAND FL 34145**

Mailing Address
**985 N. COLLIER BLVD.
MARCO ISLAND FL 34145**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**
59-3582128

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEBSTER, RONALD S
985 N. COLLIER BLVD.
MARCO ISLAND FL 34145**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	P	<input type="checkbox"/> Delete
NAME	STEKER, ERIKA	
STREET ADDRESS	DRORYGASSE 6/32	
CITY-ST-ZIP	AUSTRIA, EUROPE	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STEKER, KURT	
STREET ADDRESS	DRORYGASSE 6/32	
CITY-ST-ZIP	AUSTRIA, EUROPE	
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		

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRSE034 (10/00)



attachment
#P0900004203

75196

**FACSIMILE TRANSMISSION
INTERNAL REVENUE SERVICE**

ATLANTA SERVICE CENTER
PO BOX 47-421
TELE-TIN UNIT STOP 751
DORAVILLE, GA 30362

DATE 6-24-99 RECD _____ TIME _____

NAME AND TITLE

FAX NUMBER

Erika Steker

941-394-3511

IF YOU HAVE ANY QUESTIONS ABOUT ANY FAX RECEIVED FROM OUR OFFICE PLEASE CALL US AT (678) 530-7925 OR (678) 530-7902.

TOTAL PAGE: 1

COMMENTS: WE HAVE ASSIGNED AN EMPLOYER IDENTIFICATION NUMBER FOR THE ENTITY SHOWN BELOW. YOU SHOULD RECEIVE WRITTEN NOTIFICATION OF YOUR EMPLOYER IDENTIFICATION NUMBER WITHIN 30 DAYS.

COMPANY NAME: N G S Inc

EMPLOYER IDENTIFICATION NUMBER (EIN) 59-3582128

CAUTION:

THIS COMMUNICATION IS INTENDED FOR THE SOLE USE OF THE INDIVIDUAL TO WHOM IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS COMMUNICATION IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYER OR AGENT FOR DELIVERING THE COMMUNICATION TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IN ERROR, PLEASE NOTIFY THE SENDER IMMEDIATELY BY TELEPHONE CALL, AND RETURN THE COMMUNICATION TO THE ADDRESS ABOVE VIA THE UNITED STATES POSTAL SERVICE. THANK-YOU.