

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90078 001 ***150.00

DOCUMENT # P99000057175

1. Entity Name
NATIONAL IV AND EDUCATIONAL SERVICES, INC.



Principal Place of Business
**12620 SHERMAN DRIVE
HUDSON FL 34667**

Mailing Address
**12620 SHERMAN DRIVE
HUDSON FL 34667**

2. Principal Place of Business

3. Mailing Address

1527 N. DALE MARY HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State
Lutz FL

City & State

Zip
33548

Country
U.S.A

Zip

Country

4. FEI Number
59-3588734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRUNO-VICCIONE, IRENE
12620 SHERMAN DRIVE
HUDSON FL 34667**

Name
BRUNO IRENE

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

1527 N. DALE MARY HWY

Suite 100

City

Lutz

FL

Zip Code

33548

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
BRUNO-VICCIONE, IRENE
12620 SHERMAN DR.
HUDSON FL 34667** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BRUNO IRENE
1527 N DALE MARY HWY Suite 100
Lutz, FL 33548** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BRUNO-VICCIONE, IRENE
12620 SHERMAN DR.
HUDSON FL 34667** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BRUNO IRENE
1527 N DALE MARY HWY Suite 100
Lutz, FL 33548** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/03

877.976.8445

CR2E034 (10/02)