

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061948

1. Entity Name
NIGHT CREW SERVICES, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90004 032 ***150.00

Principal Place of Business 14013 FAIRWAY ISLAND DRIVE #411 ORLANDO FL 32837	Mailing Address 14013 FAIRWAY ISLAND DRIVE #411 ORLANDO FL 32837-5253
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3956 TOWN CENTER BLVD Suite, Apt. #, etc. 344 City & State ORLANDO, FL Zip 32837 Country USA.		3. Mailing Address 3956 TOWN CENTER BLVD. Suite, Apt. #, etc. 344 City & State ORLANDO, FL Zip 32837 Country USA.	
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4. FEI Number 59-3597237	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILLIAMS, RAYMOND A 14013 FAIRWAY ISLAND DRIVE #411 ORLANDO FL 32837		7. Name and Address of New Registered Agent Name WILLIAMS, RAYMOND A Street Address (P.O. Box Number is Not Acceptable) 2639 HAWTHORNE LN City KISSIMMEE FL Zip Code 34743	
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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 _____ DATE _____
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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, RAYMOND A 14013 FAIRWAY ISLAND DRIVE #411 ORLANDO FL 32837 <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	ST WILLIAMS, MARGARET 14013 FAIRWAY ISLAND DRIVE #411 ORLANDO FL 32837 <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 checked="" 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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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

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: RAYMOND A. WILLIAMS 4/25/00 407/344-7152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #