2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9900064585



FILED Mar 17, 2003 8:00 am Secretary of State

1. Entity Name NATIONAL STRATEGIES, INC.							03-17-2003 91090 035 ***150.00		
625C PONTE	ace of Busines VEDRA BLVD RA BEACH FL		Mailing Address P.O. BOX 1907 PONTE VEDRA BEACH FL 32082 US				(PROGRADU NO NORM CONT. BONN BONN BONN BONN BONN BONN BONN BON		
2. Principal	Place of Busi	ness	3. Mailing Address			\dashv			
Suite, Ap	t. #, etc.	····	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State			- †	4. FEI Number 58-2485241 Applied For		
Zip	Zip Country		Zip Cour		Country		Not Applicable Not Applicable Sertificate of Status Desired		
	6. Name	and Address of Current	Registered	J Agent			7. Name and Address of New Registered Agent		
		5-1 45	<u> </u>		Name				
HOUSTO	N, CLARENC			Street Address	oc /P/	D. Box Number is Not Acceptable)			
1	ong, stew. Erside ave	ART & HOUSTON, P.A			Sileet Addres	55 (F.C	D. BOX Number is Not Acceptable)		
JACKSONVILLE FL 32204				City			Zip Code		
8. The above	e named entity	y submits this statement fo	r the purpo	se of changing its	registered office or regis	stered	agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE	•	3			•				
0/0/1///0/12	Signature, typed	or printed name of registered agent	and title if applic	cable. (NOTE	: Registered Agent signature requ	uired whe	en reinstating) DATE		
Afte	r May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department o	State	,			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.		OFFICERS AND	DIRECTOR	S	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D		•••	☐ Delete	TITLE		Change Addition		
NAME STREET ADDRESS CITY-ST-ZIP	P.O. BOX	DELOS H JR 1907 DRA BEACH FL 32082			NAME STREET ADORESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			æ - æ.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	= <u>_</u> =	☐ Change ☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-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 CUTY ST. 719		☐ 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.

CITY-ST-ZIP

SIGNATURE:

UIRED

2.21-03

706-205-3143