

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90262 003 ***158.75

DOCUMENT # P99000068047

1. Entity Name

N.D.F. SERVICES, INC.

Principal Place of Business

**2311 ROGERS ROAD
LAKELAND FL 33813**

Mailing Address

**12311 E CORNELL AVE
23
AURORA CO 80014-3323
US**

2. Principal Place of Business

7231 SHENDLER DR.

Suite, Apt. #, etc.

3. Mailing Address

RT 2, Bx 198

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FLA

City & State

HORTENSE GA.

4. FEI Number **91-1987033**

Applied For

Not Applicable

Zip

Country

32222

DUVAL

Zip

Country

31543

BRANTLEY

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REHER, DEBORA C
2311 ROGERS ROAD
LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name **DAVID S. FEAGANS**

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

7231 SHENDLER DR.

City **JACKSONVILLE**

FL

Zip Code **32222**

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

DAVID S. FEAGANS

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

(NOTE: Registered Agent signature required when completing)

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 **PD** ☐ Delete
NAME **FEAGANS, NORMAN D**
STREET ADDRESS **RT. 2, BOX 198**
CITY-ST-ZIP **HORTENSE GA 31543**

TITLE **VPD** ☒ Delete
NAME **MATTEO, MURRAY L**
STREET ADDRESS **1187 CLUBHOUSE DRIVE**
CITY-ST-ZIP **BROOMFIELD CO 80020**

TITLE **STD** ☒ Delete
NAME **REHER, DEBORA C**
STREET ADDRESS **12311 E CORNELL AVE #23**
CITY-ST-ZIP **AURORA CO 80014-3323**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VPD** ☒ Change ☐ Addition
NAME **LEISA C. FEAGANS**
STREET ADDRESS **RT 2 Bx 198 HORTENSE GA 31543**
CITY-ST-ZIP

TITLE **STD** ☒ Change ☐ Addition
NAME **NORMAN D. FEAGANS**
STREET ADDRESS **RT 2 Bx 198 HORTENSE GA 31543**
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26/01 303 601 6529

Date

Daytime Phone #

CR2E034 (10/00)