

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099821

1. Entity Name

NATIONAL ASSET MANAGEMENT SERVICE CO.

FILED

Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90114 048 ***158.75

Principal Place of Business

703 MEREDITH ST.
FERN PARK FL 32730

Mailing Address

P.O. BOX 941141
MAITLAND FL 32794-1141

2. Principal Place of Business

258 W. 434

Suite, Apt. #, etc.

B

3. Mailing Address

P.O. Box 522588

Suite, Apt. #, etc.

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City & State

Longwood Florida

City & State

Longwood FLORIDA

4. FEI Number

593610695

Applied For

Not Applicable

Zip

32750

Country

SEMIPOLE

Zip

32750

Country

SEMIPOLE

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAGNER, KARLA A
9548 HEMPEL COVE BLVD.
WINDERMERE FL 34786

7. Name and Address of New Registered Agent

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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:

CAROL L. KLINCICKO CAROL L. KLINCICKO 03-31-00 4078340493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)