

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90528 017 ***150.00

DOCUMENT # S59273

1. Entity Name
NFS OF BROWARD, INC.



Principal Place of Business
**1950 EISENHOWER BLVD.
FT. LAUDERDALE FL 33316**

Mailing Address
**111 SIXTH ST
CAMBRIDGE MA 02141**



2. Principal Place of Business

3. Mailing Address

55 CAMBRIDGE PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

City & State

City & State

CAMBRIDGE, MA

Zip

Country

Zip

Country

02142

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0279533**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301**

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

SIGNATURE

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

PAUL GLINSKI, T

(NOTE: Registered Agent signature required when reinstating)

1.13.03

DATE

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 **PSD** ☐ Delete
NAME **ARMSTRONG JR., JOSEPH**
STREET ADDRESS **8 HAWTHORNE AVE.**
CITY-ST-ZIP **WINCHESTER MA 01890**

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

TITLE **T** ☐ Delete
NAME **GLINSKI, PAUL E.**
STREET ADDRESS **66 WASH POND ROAD**
CITY-ST-ZIP **HAMPSTEAD NH 03841**

TITLE **PAUL GLINSKI** ☒ Change ☐ Addition
NAME **5 BIRDSALL LANE**
STREET ADDRESS **ATKINSON, NH 03811**
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
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NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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:

PAUL GLINSKI

1.9.03

Date

Daytime Phone #

CR2E034 (10/02)