


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90154 011 ***150.00

DOCUMENT # S73198

1. Entity Name
NMS CORPORATION, INC.



Principal Place of Business
**7745 W. HILLSBOROUGH AVE.
TAMPA FL 33615**

Mailing Address
**7745 W. HILLSBOROUGH AVE.
TAMPA FL 33615**



2. Principal Place of Business
7903 OVERBROOK DR
Suite, Apt. #, etc.

3. Mailing Address
7903 OVERBROOK DR.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
TAMPA, FL.

City & State
TAMPA, FL.

Zip
33634

Country
Hillsborough

Zip
33634

Country
Hillsborough

4. FEI Number **59-3076221**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCHNUR, STEVEN
7745 W. HILLSBOROUGH AVE.
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name
Nanci M. Schnur

Street Address (P.O. Box Number is Not Acceptable)
7903 OVERBROOK DR

City
TAMPA

FL

Zip Code
33634

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 **Steven Schnur** **Nanci M. Schnur** **STEVEN SCHNUR**

(NOTE: Registered Agent signature required when reinstating)

DATE **3/10/03**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNUR, STEVEN 7903 OVERBROOK DR TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNUR, Nanci M 7903 OVERBROOK DR TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President P/VP/D Nanci M. Schnur 7903 OVERBROOK DR TAMPA, FL. 33634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> 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: **Nanci M. Schnur** **3/10/03** **813-884-7202**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)