## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # \$ 78220 1. Entity Name F May 13, Secreta 05-13-2002

## FILED May 13, 2002 8:00 am Secretary of State

05-13-2002 90167 043 \*\*\*150.00

NCL I	ENTERPRISES, INC							
	DO NOT WRITE	IN THIS	SPAC	E		6 5 6	508	
2. Principal F	Place of Business BOGGY CREEK ROAD	3. Mailing Address 8870 BOGGY CREEK ROAD						
Suite, Apt. # 6 5 0		Suite, Apt. #, etc. # 650			_	DO NOT WRITE IN THIS SPACE		
City & Stat	te DO FI	City & State ORLANDO, FL				FEI Number	Applied For	
3 28 2 4 USA Country		32824 USA		ntgy		6.5 - 0.281879   Not Applie		€
32024	03A	32824	0.5	A		Certificate of Status Desired  ame and Address of Current Registere	Fee Required	4
		-	<del></del> -	_Name				<u>_</u>
	RITE		JAMES G MULLIN (J&M TAX SERVICE)  Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE				2080 NW BOCA RATON BLVD				
IN THIS SPACE				STE 6	STE 6			
				CiBOCA R		ATON <b>FL</b> 233431		7
8. The above	named entity submits this statement fo	r the purpose of changir	ng its registere	ed office or regi	stered ag	ent, or both, in the State of Florida.	- 1 00 101	-
				_	_	· · · · · · · · · · · · · · · · · · ·		1
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Registered	d Agent signature req	usirod when r	einstating) DATE		
9 This corps	pration is eligible to satisfy its Intangible			e is \$150.00	direct which he	UA)E		4
Tax filing re	equirement and elects to do so.	After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of Sta			State	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	ŀ
11.	OFFICERS AND			•	v			┪
TITUS NAME	P		TITLE					3
STREET ADDRESS	NANCY L LAVALLEE			T ADDRESS				1 5
CITY-ST-ZIP	4308 WOODLYNNE LANE ORLANDO, FL 32812			ST-ZIP				200
TITLE	V	<u>ii (a - 111)</u>	TITLE				· · · · · · · · · · · · · · · · · · ·	1 8
NAME STREET ADDRESS	RICHARD A LAVALLEE							15
CITY-ST-ZIP 4308 WOODLYNNE LANE			E	T ADDRESS ST-ZIP				
TITLE	ORLANDO, FL 32812							-
NAME		<del></del>	NAME		-		والمستناف والمستناف والمعاددة	. _
STREET ADDRESS City-St-Zip				T ADDRESS		DO NOT WRI	TE	
TITLE			TITLE	ST-ZIP				ļ-
NAME			NAME	į.		IN THIS SPAC	CE	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	<del></del>		CITY-S	ST-ZIP		: 		
TITLE NAME	•		TITLE NAME					
STREET ADDRESS				TADDRESS			+	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-S	ST-ZîP				
TITLE			TITLE					
NAME STREET ADDRESS	•		NAME STREET	T ADDRESS				
CITY-ST-ZIP			CITY-S					

SIGNATURE: Verry & Sucresser

NANGY L LAVALLEE, PRESIDENT 04/27/2002 855-7751

Dautima Phona #

<sup>13.</sup> 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 on an attachment with an address, with all other like empowered.