

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F98000005601

1. Entity Name

NSJ SUPPORT, INC.

FILED

02 SEP 13 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**20801 BISCAYNE BLVD.
SUITE #403
MIAMI FL 33180**

3. Mailing Address
401 N TRYON ST

Suite, Apt. #, etc.
NC1-021-02-20

City & State
CHARLOTTE

Zip
28255

Country
Mecklenburg

REINSTATEMENT 01-02
DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3538150

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND RD

City
PLANTATION

FL Zip Code
33324

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 *Dale W. Morris* **DALE W. MORRIS**
Signature, typed or printed name of registered agent and title if applicable. ASSISTANT VICE PRESIDENT

9-11-02
DATE

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
**DIR / PRES
ANTHONY M. HAGEN
401 N TRYON ST NC1-021-02-20
CHARLOTTE NC 28255**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SVP
DUANE L. SMITH
401 N TRYON ST NC1-021-02-20
CHARLOTTE NC 28255**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
DANIEL CHAIR
401 N TRYON ST NC1-021-02-20
CHARLOTTE NC 28255**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SEC
MARK W. ANDERSSON
401 N TRYON ST NC1-021-02-20
CHARLOTTE NC 28255**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TREA / CFO
ROBERT A. KEYES, JR.
401 N TRYON ST NC1-021-02-20
CHARLOTTE NC 28255**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 14 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Duane L. Smith* **Duane L. Smith, SVP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/2002 704-388-2460
Date Daytime Phone #