


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90033 033 ***150.00

DOCUMENT # 856940

1. Entity Name
NUBRO, INC.



Principal Place of Business
**C/O TAX DEPT
 500 ARCH STREET
 WILLIAMSPORT, PA 17705**

Mailing Address
**C/O TAX DEPT
 500 ARCH STREET
 WILLIAMSPORT, PA 17705**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number
23-2248267

Applied For
 Not Applicable

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



01302004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE, FL 32301**

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE - NAME	PD LARGEN, JOSEPH D.	<input type="checkbox"/> Delete
STREET ADDRESS	500 ARCH ST	
CITY-ST-ZIP	WILLIAMSPORT, FL 17705	
TITLE - NAME	V UZUPIS, STEVEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	500 ARCH ST	
CITY-ST-ZIP	WILLIAMSPORT, PA 17705	
TITLE - NAME	VS UZUPIS, STEVEN	<input type="checkbox"/> Delete
STREET ADDRESS	500 ARCH ST	
CITY-ST-ZIP	WILLIAMSPORT, PA 17705	
TITLE - NAME	CD BRODY, ARTHUR D.	<input type="checkbox"/> Delete
STREET ADDRESS	990 HIGHLAND DR., SUITE 100	
CITY-ST-ZIP	SOLANA BEACH, CA 92075	
TITLE - NAME	D HECHLER, JONATHAN	<input type="checkbox"/> Delete
STREET ADDRESS	3 HANOVER SQ #5K	
CITY-ST-ZIP	NEW YORK, NY 10004	
TITLE - NAME	T DILL, RICHARD L	<input type="checkbox"/> Delete
STREET ADDRESS	500 ARCH ST	
CITY-ST-ZIP	WILLIAMSPORT, PA 17705	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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: Richard L Dill, Treasurer **2.4.04** **570-326-2461**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #