

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90193 036 \*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2248267**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
1201 HAYS STREET  
SUITE 105  
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 \_\_\_\_\_ 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, 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	PD	<input type="checkbox"/> Delete
NAME	LARGEN, JOSEPH D.	
STREET ADDRESS	500 ARCH ST	
CITY-ST-ZIP	WILLIAMSPORT FL 17705	
TITLE	V	<input type="checkbox"/> Delete
NAME	UZUPIS, STEVEN	
STREET ADDRESS	500 ARCH ST	
CITY-ST-ZIP	WILLIAMSPORT PA 17705	
TITLE	VS	<input type="checkbox"/> Delete
NAME	UZUPIS, STEVEN	
STREET ADDRESS	500 ARCH ST	
CITY-ST-ZIP	WILLIAMSPORT PA 17705	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BRODY, ARTHUR D.	
STREET ADDRESS	990 HIGHLAND DR., SUITE 100	
CITY-ST-ZIP	SOLANA BEACH CA 92075	
TITLE	D	<input type="checkbox"/> Delete
NAME	HECHLER, JONATHAN	
STREET ADDRESS	3 HANOVER SQ #5K	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	T	<input type="checkbox"/> Delete
NAME	DILL, RICHARD L	
STREET ADDRESS	500 ARCH ST	
CITY-ST-ZIP	WILLIAMSPORT PA 17705	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *SIGNATURE REQUIRED* **Richard L Dill, Treasurer** 3-21-03 570326-246  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (10/02)