

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K09601

1. Entity Name

NESBIT STREET BUILDING, INC.

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90083 032 \*\*\*150.00

Principal Place of Business 12915 SW KINGS WAY CIR 520 KING ST. LAKE SUZY FL 34266 US	Mailing Address 12915 SW KINGS WAY CIR 520 KING ST. LAKE SUZY FL 32159-9536 US
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2. Principal Place of Business 2109 BARBOSA COURT Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State THE VILLAGES FL.	City & State
Zip 32159	Country SUMTER



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0019739	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLSEN, EUGENE A. 12915 SW KINGSWAY CIR LAKE SUZY FL 33821	
7. Name and Address of New Registered Agent Name OLSEN, EUGENE A. Street Address (P.O. Box Number is Not Acceptable) 2109 BARBOSA COURT City THE VILLAGES FL Zip Code 32159	

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 OLSEN, EUGENE A. Eugene A. Olsen 1/18/00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSEN, EUGENE A. 12915 S.W. KINGSWAY CIRCLE LAKE SUZY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OLSEN, EUGENE A. 2109 BARBOSA COURT THE VILLAGES, FL 32159 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eugene A. Olsen 1/18/00 352-259-5665  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)