

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # K09601**

1. Entity Name

**NESBIT STREET BUILDING, INC.**

Principal Place of Business

Mailing Address

12915 SW KINGS WAY CIR  
 520 KING ST.  
 LAKE SUZY FL 34266  
 US

12915 SW KINGS WAY CIR  
 520 KING ST.  
 LAKE SUZY FL 32159-9536  
 US

2. Principal Place of Business

**2109 BARBOSA COURT**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**THE VILLAGES FL.**

City & State

4. FEI Number **65-0019739**

Applied For  
 Not Applicable

Zip  
**32159**

Country  
**SUMTER**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLSEN, EUGENE A.**  
 12915 SW KINGSWAY CIR  
 LAKE SUZY FL 33821

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.**  
 Signature, typed or printed name of registered agent and title if applicable

*Eugene A. Olsen*  
 (NOTE: Registered Agent signature required when reinstating)

**1/18/00**  
 DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	<b>OLSEN, EUGENE A.</b>	<b>12915 S.W. KINGSWAY CIRCLE</b>	<b>LAKE SUZY FL</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>OLSEN, EUGENE A.</b>	<b>2109 BARBOSA COURT</b>	<b>THE VILLAGES, FL</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<b>32159</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/00**  
 Date

**352-259-5665**  
 Daytime Phone #

CR2E034 (9/99)