FILED

Feb 05, 2002 8:00 am

CR2E034 (9/01)

## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## DOCUMENT # **Secretary of State** K40662 1. Entity Name 02-05-2002 90010 038 \*\*\*150.00 NUTHALL & ASSOCIATES CUSTOM HOMES, INC. Principal Place of Business Mailing Address % TOM NUTHALL % TOM NUTHALL 7957 WINDOVER WAY 7957 WINDOVER WAY TITUSVILLE FL 32780 TITUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2955239 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7,7 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NUTHALL, TOM Street Address (P.O. Box Number is Not Acceptable) 7957 WINDOVER WAY TITUSVILLE FL 32780 City 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. 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete Change [ ] Addition DPST NAME NUTHALL, TOM NAME STREET ADDRESS 7957 WINDOVER WAY STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change [ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change -☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE [ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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