# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 09, 2001 8:00 am**
**Secretary of State**
02-09-2001 90231 005 ***150.00

0430

DOCUMENT # M81956

1. Entity Name
CUMMINS & NAILOS, P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 450 E HWY 50 ~~SUITE 70~~ SUITE 7 CLERMONT FL 34711 | 450 E HWY 50 ~~SUITE 70~~ SUITE 7 CLERMONT FL 34711 |

714696

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 450 E Hwy 50 | SAME AS 2 |
| Suite, Apt. #, etc. 7 | Suite, Apt. #, etc. |
| City & State CLERMONT, FL | City & State |
| Zip 34711 Country US | Zip Country |

4. FEI Number 59-2892266 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| CUMMINS, NORMAN C.<br>450 E HWY 50<br>SUITE 7<br>CLERMONT FL 34711 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

SIGNATURE _____
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) ☐

**FILE NOW!!! FEE IS $150.00**
**After MAY 1, 2001 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 | ~~DOT~~ DP<br>CUMMINS, NORMAN C.<br>1009 N. 14TH STREET<br>LEESBURG FL ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>Norman C. Cummins<br>1009 N 14th St<br>Leesburg FL ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SEC & VP<br>KRISTIN C. NAILOS<br>12639 LAKERIDGE CIRCLE<br>CLERMONT, FL 34711 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SEC & VP & D<br>KRISTIN C. NAILOS<br>12639 LAKERIDGE CIRCLE<br>CLERMONT, FL 34711 ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREA<br>HEATH NAILOS<br>12639 LAKE RIDGE CIRCLE<br>CLERMONT, FL ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREA & D<br>HEATH NAILOS<br>12639 LAKE RIDGE CIRCLE<br>CLERMONT, FL 34711 ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (10/00)

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:** _____ 2/7/01 352-787-5411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #