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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 am
Secretary of State
05-13-2002 90148 045 ***150.00

DOCUMENT # M81956

1. Entity Name
Cummins & Nailos, P.A.

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2. Principal Place of Business	3. Mailing Address
1009 N. 14th St.	P.O. Box 1656
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Leesburg, FL	City & State: Leesburg, FL
Zip: 34748 Country: Lake	Zip: 34749-1656 Country: Lake

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

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

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7. Name and Address of Current Registered Agent

Name: NORMAN C CUMMINS

Street Address (P.O. Box Number is Not Acceptable)

1009 N 14th St

City: LEESBURG FL FL Zip Code: 34748

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 _____ DATE
Signature required of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	
NAME	Cummins, Norman C.
STREET ADDRESS	1009 N. 14th St.
CITY-ST-ZIP	Leesburg, FL 34748
TITLE	VP
NAME	Nailos, Heath B.
STREET ADDRESS	450 E. Hwy 50, Ste. 7
CITY-ST-ZIP	Clermont, FL 34711
TITLE	ST
NAME	Nailos, Kristin C.
STREET ADDRESS	450 E. Hwy 50, Ste. 7
CITY-ST-ZIP	Clermont, FL 34711
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ President 4/15/02 352 394 8550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #