

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED

Apr 05, 2001 8:00 am
Secretary of State

03-22-2001 90054 014 ****61.25

DOCUMENT # N95000004933

1. Entity Name

NSB CAPS, INC.

Principal Place of Business

100 BARRACUDA BLVD.
NEW SMYRNA BEACH FL 32169

Mailing Address

PO BOX 1808
NEW SMYRNA FL 32170

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3298590

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

GOULD, ZILLIAH
829 BOLTON RD
NEW SMYRNA BEACH FL 32168

Name

WALTER W. GREATER

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

2938 MANGO TREE DR.

City

EDGEWATER

FL

Zip Code
32141

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

WALTER W. GREATER TID Walter W. Greater

3-19-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BAYLES, RONALD L ☒ Delete
STREET ADDRESS 503 N CAUSEWAY, UNIT 501
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE PD ☒ Change ☐ Addition
NAME CHUCK & JACKIE JESUP
STREET ADDRESS 1529 VICTORY PALM DR
CITY-ST-ZIP EDGEWATER, FL 32132

TITLE VD ☒ Delete
NAME WILDER, T.C. JR.
STREET ADDRESS 440 GRANADA ST.
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE VD ☒ Change ☐ Addition
NAME SHAWN & WENDY LAKE
STREET ADDRESS 2217 ROSE BLOOM COURT
CITY-ST-ZIP ORLANDO, FL 32817

TITLE SD ☒ Delete
NAME FAULKENHAM, L. KELLY
STREET ADDRESS 3015 NEDDLE PALM DR
CITY-ST-ZIP EDGEWATER FL 32141

TITLE SD ☐ Change ☐ Addition
NAME RUBY & MARY CRAWFORD
STREET ADDRESS 1100 PATRICIA DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE TD ☒ Delete
NAME GOULD, ZILLIAH C
STREET ADDRESS 829 BOLTON RD
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE TD ☐ Change ☐ Addition
NAME WALTER GREATER
STREET ADDRESS 2938 MANGO TREE DRIVE
CITY-ST-ZIP EDGEWATER, FL 32141

TITLE PF ☒ Delete
NAME BAYLES, SALLY
STREET ADDRESS 503 N CAUSEWAY, UNIT 501
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Walter W. Greater 4-2-01

(386) 409-0645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)