

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90014 025 ***150.00

DOCUMENT # 140038**1. Entity Name**
NASSAU FERTILIZER & OIL COMPANY INC**Principal Place of Business**
1200 POGY PLACE
P.O. BOX 767
FERNANDINA BEACH FL 32035-0767
US
Mailing Address
1200 POGY PLACE
P.O. BOX 767
FERNANDINA BEACH FL 32034

DO NOT WRITE IN THIS SPACE

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 59-0372710		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered AgentCORBETT, JAMES S
1803 HIGHLAND DR.
FERNANDINA BCH. FL 32034**7. Name and Address of New Registered Agent**Name
Street Address (P.O. Box Number is Not Acceptable)
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 James S. Corbett 1-17-02
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	CORBETT, JAMES S	
STREET ADDRESS	1803 HIGHLAND DR	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CORBETT, THOMAS T	
STREET ADDRESS	2847 E. PARK SQUARE PLACE	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORBETT, EXTEEN	
STREET ADDRESS	106 N. 15TH STREET	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CORBETT, JAMES S.	
STREET ADDRESS	1803 HIGHLAND DR	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GUESS, THOMAS C	
STREET ADDRESS	275 MOUNTAIN LAUREL CT	
CITY-ST-ZIP	LEXINGTON SC 29072	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 changed, or on an attachment with an address, with all other like empowered.SIGNATURE: James S. Corbett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-17-02 904-261-3886
Date Daytime Phone #

CR2E034 (9/01)