

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State
 02-10-2002 90003 016 ***150.00

DOCUMENT # 583964

1. Entity Name
NISTO, INCORPORATED

Principal Place of Business

**18917 MCGRATH CIR.
 PORT CHARLOTTE FL 33948**

Mailing Address

**18917 MCGRATH CIR.
 PORT CHARLOTTE FL 33948**

2. Principal Place of Business

1286 Presque Isle Dr.

Suite, Apt. #, etc.

Pt Charlotte FL

City & State

33952 USA

Zip

Country

3. Mailing Address

1286 Presque Isle Dr.

Suite, Apt. #, etc.

Pt Charlotte FL

City & State

33952 USA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1840502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NIST, CYNTHIA

18917 MCGRATH CIR

PORT CHARLOTTE FL 33948-9443

7. Name and Address of New Registered Agent

Name

Chausse', Cynthia

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

1286 Presque Isle Dr.

Pt Charlotte

City

FL

Zip Code

33952

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

Cynthia L Chausse'

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

(NOTE: Registered Agent signature required when reinstating)

1/15/02

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> Delete
NAME	GLANTZ, KIMBORLN	
STREET ADDRESS	4989 SAW DUST CIR	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	NIST, BONNIE	
STREET ADDRESS	18917 MCGRATH	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHAUSSE, CYNTHIA	
STREET ADDRESS	1286 PRESQUE ISLE DR	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chausse', Cynthia	
STREET ADDRESS	1286 Presque Isle Dr	
CITY-ST-ZIP	Pt Charlotte FL 33952	
TITLE	V.S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bonnie Nist	
STREET ADDRESS	18917 mcGrath	
CITY-ST-ZIP	Pt Charlotte FL 33948	
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:

Cynthia L Chausse'

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02

Date

941 627-6333

Daytime Phone #

CR2E034 (9/01)