

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00093

1. Entity Name

BOB NUNN INSURANCE, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90093 017 ***150.00

Principal Place of Business

29 SOUTH BROOKSVILLE AVENUE
C/O JOSEPH E. JOHNSTON, JR.
BROOKSVILLE FL 34601-2905

Mailing Address

29 SOUTH BROOKSVILLE AVENUE
C/O JOSEPH E. JOHNSTON, JR.
BROOKSVILLE FL 34601-2905

2. Principal Place of Business

5499 S ATLANTIC AVE

3. Mailing Address

5499 S ATLANTIC AVE

Suite, Apt. #, etc.

APT 605

Suite, Apt. #, etc.

APT 605

City & State

New Smyrna Beach, FL

City & State

New Smyrna Beach, FL

Zip

32169

Country

U.S.A.

Zip

32169

Country

U.S.A.

4. FEI Number

59-2037529

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSTON, JOSEPH E., JR.
29 SOUTH BROOKSVILLE AVENUE
BROOKSVILLE FL 33512

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

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, 2000 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 PDST
NAME NUNN, JUDITH
STREET ADDRESS % 29 S BROOKSVILLE AVE
CITY-ST-ZIP BROOKSVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP ☐ Change ☐ Add

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:

Judith Nunn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDITH NUNN

Date

Daytime Phone #

1/19/2000 904-427-8149