

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H28275

1. Entity Name  
B & S CULVERTS, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90062 013 \*\*\*150.00

Principal Place of Business

10711 S.W. BOGGESS AVE  
FT. OGDEN FL 33842

Mailing Address

PO BOX 142  
FT OGDEN FL 34267  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34267



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2500417

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

BROWN, FLETCHER  
124 N. BREVARD  
ARCADIA FL 33821

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME NICHOLS, JOHN STEPHEN  
STREET ADDRESS BOGGESS AVE., PO BOX 142 (10711 SW BOGGESS  
CITY-ST-ZIP FT. OGDEN FL

TITLE ☐ Change ☒ Addition  
NAME Nichols, John S. II  
STREET ADDRESS 10711 S.W. Boggess Ave.  
CITY-ST-ZIP Ft. Ogden, FL 34267

TITLE VST ☐ Delete  
NAME NICHOLS, DIANE B.  
STREET ADDRESS BOGGESS AVE, POB 142(10711 SW BOGGESS)  
CITY-ST-ZIP FT. OGDEN FL

TITLE ☐ Change ☒ Addition  
NAME Nichols, Wayne A.  
STREET ADDRESS 10711 S.W. Boggess Ave.  
CITY-ST-ZIP Ft. Ogden, FL 34267

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Diane B. Nichols*  
DIANE B. NICHOLS

04/29/01 (863) 494-3132  
Date Daytime Phone #

CR2E034 (10/00)