

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H70610

1. Entity Name

NUGENT LAND & DEVELOPMENT COMPANY, INC.

Principal Place of Business

Mailing Address

7318 SR 52
HUDSON FL 34667
US

7318 SR 52
HUDSON FL 34667
US

2. Principal Place of Business

3. Mailing Address

8215 SR 52

P.O. Box 848

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Hudson, FL

Port Richey, FL

City & State

City & State

FL Pasco

FL

Zip 34663

Country

Zip 34673

Country

Pasco

4. FEI Number 59-2645837

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

NUGENT, JOHN L.
7318 STATE RD 52
HUDSON FL 34667

Name

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

8215 State Road 52

City

Hudson

FL

Zip Code

34667

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

John S Nugent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1 12 01

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 NAME STREET ADDRESS CITY-ST-ZIP	PVDT NUGENT, JOHN L. 7318 STATE RD 52 HUDSON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

John S Nugent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1 12 01 727.8153945

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90118 002 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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