

2010 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H74762

1. Entity Name

NICHOLS MASONRY, INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90090 030 ***550.00

Principal Place of Business

Mailing Address

720 PONCE DELEON BLVD.
 BROOKSVILLE FL 34601

720 PONCE DELEON BLVD.
 BROOKSVILLE FL 34601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2607317

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NICHOLS, CHERYL
 720 PONCE DELEON BLVD.
 BROOKSVILLE FL 34601

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) ☐

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 PVP
 NAME NICHOLS, MARY R
 STREET ADDRESS 1014 WHITNEY DRIVE
 CITY-ST-ZIP BROOKSVILLE FL 34601 ☐ Delete

TITLE PVP
 NAME nichols, Gary R.
 STREET ADDRESS 1014 Whiteway Dr.
 CITY-ST-ZIP Brooksville, Fl. 34601 ☒ Change ☐ Addition

TITLE ST
 NAME NICHOLS, CHERYL
 STREET ADDRESS 1014 WHITNEY DRIVE
 CITY-ST-ZIP BROOKSVILLE FL 34601 ☐ Delete

TITLE ST
 NAME nichols, Cheryl
 STREET ADDRESS 1014 Whiteway Dr.
 CITY-ST-ZIP Brooksville, Fl. 34601 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-00

Date

352-544-0778

Daytime Phone #