

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90200 042 ***150.00

DOCUMENT # J75947

1. Entity Name

STOKES-NASSAU, INC.

Principal Place of Business

Mailing Address

**9551 BAYMEADOWS RD #4
 JACKSONVILLE FL 32256-4938**

**9551 BAYMEADOWS RD #4
 JACKSONVILLE FL 32256-7938**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2808684**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STOKES, E CHESTER JR
 9551 BAYMEADOWS RD #4
 JACKSONVILLE FL 32256**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	STOKES, E. CHESTER JR	9551 BAYMEADOWS RD #4	JACKSONVILLE FL	<input type="checkbox"/>
VT	FREDENHAGEN, SHARON W	9551 BAYMEADOWS RD #4	JACKSONVILLE FL	<input type="checkbox"/>
S	HICE, SHERRY	9551 BAYMEADOWS RD #4	JACKSONVILLE FL	<input type="checkbox"/>
V	WALLACE, L DENISE	9551 BAYMEADOWS RD #4	JACKSONVILLE FL	<input type="checkbox"/>
V	BRAREN MICHAEL E.	9551 BAYMEADOWS RD 4	JACKSONVILLE FL	<input type="checkbox"/>
V	BERGMANN, THOMAS C	9551 BAYMEADOWS RD #4	JACKSONVILLE FL 32256	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Sherry Hice
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

Date

904/739-2249

Daytime Phone #

CR2E034 (9/99)