


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**  
05-05-2003 91393 044 \*\*\*150.00

0643364 AT

**DOCUMENT # L17938**

1. Entity Name  
**THE NUGENT CORPORATION**



Principal Place of Business  
**2328 DESTINY WAY  
ODESSA FL 33556  
US**

Mailing Address  
**P.O. BOX 5488  
HUDSON FL 34674**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
**8200 BRYANDAIRY RD.  
Suite 300  
LARGO, FL  
33777**

Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

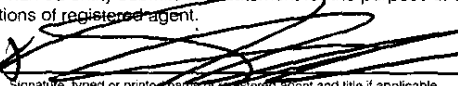
4. FEI Number **59-2969751** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**NUGENT, JOHN L JR  
2328 DESTINY WAY  
ODESSA FL 33556**

7. Name and Address of New Registered Agent  
Name **STEVEN W. MOORE**  
Street Address (P.O. Box Number is Not Acceptable) **8200 BRYANDAIRY ROAD  
Suite 300  
LARGO, FL**  
City **LARGO, FL** Zip Code **33777**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/30/03**


(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT NUGENT, JOHN L JR 2328 DESTINY WAY ODESSA FL 33556</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:  DATE **4/30/03** 727-697-2103**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)