

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90128 001 ***150.00

0488124 AV

DOCUMENT # M05737

1. Entity Name

NEVLAND ENTERPRISES, INC.

Principal Place of Business

**1360 GOLF DRIVE
 FT. MYERS FL 33919-6360**

Mailing Address

**1360 GOLF DRIVE
 FT. MYERS FL 33919-6360**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2475486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BERKE, BILL B.
 1332 CAPE CORAL PKWY.
 FORT MYERS FL 33919**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PST
 NEVLAND, OLAV
 1360 GOLF DRIVE
 FT. MYERS FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 LATHER, BILLY S
 2281 CRYSTAL DRIVE
 FT. MYERS FL** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
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TITLE
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 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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:

OLAV NEVLAND
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 3 - 02 - 941-481-6346

CR2E034 (9/01)

Attachment Document # 105737

410671

CCAS Corporation
3501 Del Prado Blvd S Ste 302
Cape Coral, FL 33904
941-542-2558

TAX RETURN FILING INSTRUCTIONS

FORM PROFIT CORPORATION ANNUAL REPORT

Date: January 29, 2002

Client: NEVLAND ENTERPRISES INC

Tax Period: Annual 2001

Return Due Date: May 1, 2002

Fee Due: \$150.00

Penalty Due: (\$400.00 if received after May 1, 2002)

Amount Due: \$150.00

Make check payable to Florida Department of State.

Sign and date return

Mail return to:

Division of Corporations
Annual Reports Filing
PO Box 1500
Tallahassee, Florida 32302-1500

Please review the contents of any forms included with this report. If there are any questions, contact this office immediately.