

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M79164

1. Entity Name

NAFZINGER & ASSOCIATES, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90020 019 ***150.00

Principal Place of Business

Mailing Address

3040 GULF TO BAY BLVD.
STE. #200A
CLEARWATER FL 34619
US

3040 GULF TO BAY BLVD.
STE. #200A
CLEARWATER FL 34695-5342
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

701 ENTERPRISE RD. E.
Suite, Apt. #, etc.
905

701 ENTERPRISE RD. E.
Suite, Apt. #, etc.
905

City & State
SAFETY HARBOR FL

City & State
SAFETY HARBOR FL

Zip
34695-5342

Zip
34695-5342

4. FEI Number 59-2889802

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

NAFZINGER, JAMES S.
C/O NAFZINGER & ASSOCIATES, INC
3040 GULF TO BAY BLVD., STE. 200A
CLEARWATER FL 33759

Name

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

701 ENTERPRISE RD. E., STE 905

City

SAFETY HARBOR

FL

Zip Code

34695-5342

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

TITLE	D	<input type="checkbox"/> Delete
NAME	NAFZINGER, JAMES S.	
STREET ADDRESS	4808 JEWEL TERRACE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAFZINGER, JUDITH H.	
STREET ADDRESS	4808 JEWELL TERRACE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

James S. Nafzinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES S. NAFZINGER

Date

Daytime Phone #

4-14-00 727-791-6381

CR2E034 (9/99)