

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004418

1. Entity Name

NASGRASS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90142 012 *****70.00

0068649

Principal Place of Business

13014 PALM BEACH BLVD
FORT MYERS FL 33905

Mailing Address

13014 PALM BEACH BLVD
FORT MYERS FL 33905

2. Principal Place of Business

PO Box 990031

Suite, Apt. #, etc.

NAPLES FL

City & State

3. Mailing Address

PO Box 990031

Suite, Apt. #, etc.

NAPLES FL

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0444801

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WIERSMA, DONNA
13014 PALM BEACH BLVD
FORT MYERS FL 33905

7. Name and Address of New Registered Agent

Name

CHRIS SUNDMAN

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

1963 RIVERREACH DR # 223

City

NAPLES

FL

Zip Code

34104

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

CHRIS SUNDMAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-2001

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MILLER, MIKE 18230 LYNTHURST LN ALVA FL 33920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GILLIANS, JOE 604 E CORNELL ST AVON PARK FL 33829	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WIERSMA, DONNA 13014 PALM BEACH BLVD FORT MYERS FL 33905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT WARDWELL, SCOTT 607 CONNING TOWER CIR #2 NAPLES FL 34112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MIKE MILLER 18230 LYNTHURST LN ALVA, FL 33920	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GILLIANS JOE 604 E CORNELL ST AVON PARK, FL 33829	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER MIKE 18230 LYNTHURST LN ALVA, FL 33920	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT SUNDMAN CHRIS 1963 RIVERREACH DR # 223 NAPLES, FL 34104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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:

CHRIS SUNDMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-2001

Date

435 1667

Daytime Phone #

CH2E037 (10/00)