

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014450

1. Entity Name

NAGEL ENTERPRISES, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90177 004 ***150.00

Principal Place of Business

Mailing Address

~~2851 ROCK ISLAND ROAD~~
~~APT 204~~
~~MARGATE FL 33063~~

~~2851 ROCK ISLAND ROAD~~
~~APT 204~~
~~MARGATE FL 33063~~

2. Principal Place of Business

3. Mailing Address

4820 N. State Rd 7

4820 N. State Rd. 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 202

Apt. 202

City & State

City & State

Coconut Creek, FL

Coconut Creek, FL

Zip

Zip

Country

Country

33073-3349

USA

33073-3349

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAGEL, EDWARD A

~~2851 ROCK ISLAND ROAD~~
~~APT 204~~
~~MARGATE FL 33063~~

4820 N. State Rd. 7
Apt. 202
Coconut Creek, FL
33073-3349

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS NAGEL, EDWARD A
CITY-ST-ZIP ~~2851 ROCK ISLAND ROAD APT 204~~
~~MARGATE FL 33063~~

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS NAGEL, EDWARD A
CITY-ST-ZIP 4820 N. State Rd 7, APT. 202
Coconut Creek, FL 33073-3349

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

Daytime Phone #

CR2E034 (10/00)