

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000088182

1. Entity Name
NUNAMAKER ENTERPRISES, INC.



FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90036 028 ***550.00

0100747 AV

Principal Place of Business
627 GRAND CENTRAL ST.
CLEARWATER FL 33756

Mailing Address
627 GRAND CENTRAL ST.
CLEARWATER FL 33756

2. Principal Place of Business

615 GRAND CENTRAL ST

3. Mailing Address

486 HARBOR DR. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

INDIAN ROCKS BEACH

Zip

Country

Zip

Country

FL 33785 PINELAS

4. FEI Number

59-3674752

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NUNAMAKER, SUSAN J
627 GRAND CENTRAL ST.
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name

SUSAN J NUNAMAKER

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

486 HARBOR DR. N.

City

INDIAN ROCKS BEACH FL

Zip Code

33785

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
NUNAMAKER, SUSAN J
627 GRAND CENTRAL ST.
CLEARWATER FL 33756 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
486 HARBOR DR. N.
INDIAN ROCKS BEACH FL 33785 ☒ Change ☐ Addition

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Susan J Nunamaker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/03

Date

27-442-2201

Daytime Phone #

CR2E034 (4/03)