

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90859 001 ***300.00

0002369 AV

DOCUMENT # P00000106889

1. Entity Name

SHERRY A. NYE & ASSOCIATES, INC.



Principal Place of Business

**3810 CHURCH RD
CALLAHAN FL 32011**

Mailing Address

**3810 CHURCH RD
CALLAHAN FL 32011**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3684143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**TULLIS, GARY B
3810 CHURCH RD
CALLAHAN FL 32011**

7. Name and Address of New Registered Agent

Name **Sherry A. Nye**
Street Address (P.O. Box Number is Not Acceptable) **3810 Church Rd**
City **Callahan** FL Zip Code **32011**

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

Sherry Nye

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D	<input checked="" type="checkbox"/> Delete
NAME	TULLIS, GARY B	
STREET ADDRESS	9104 CYPRESS DR	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	P	<input type="checkbox"/> Delete
NAME	NYE, SHERRY A	
STREET ADDRESS	3810 CHURCH RD	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	V	<input type="checkbox"/> Delete
NAME	NYE, KENNETH W	
STREET ADDRESS	3810 CHURCH RD	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	S	<input type="checkbox"/> Delete
NAME	POWELL, TANYA N	
STREET ADDRESS	3811 CHURCH RD	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTINEZ, LEANNE N	
STREET ADDRESS	2501 LEM TURNER ROAD	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Sherry A. Nye

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-03 904 356-8491

CR2E034 (10/02)