


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

**FILED**  
**Jun 27, 2003 8:00 am**  
**Secretary of State**

06-27-2003 90048 010 \*\*\*550.00

DOCUMENT # <u>P00000114053</u>	
1. Entity Name <u>Nease + Son, Inc.</u>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>402 Gregory Dr</u>	3. Mailing Address <u>1511 Sugarwood Circle</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>Casselberry FL</u>	City & State <u>Winter Park FL</u>	4. FEI Number <u>59-3708789</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>32707</u>	Country <u>USA</u>	Zip <u>32792</u>	Country <u>USA</u>
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>Steven R. Nease</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1511 Sugarwood Circle</u>	
City <u>Winter Park</u>	FL Zip Code <u>32792</u>

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  STEVEN R. NEASE 6-23-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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	<u>P</u> <u>Steven R Nease</u> <u>1511 Sugarwood Circle</u> <u>Winter Park FL 32792</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>V</u> <u>Diane Nease</u> <u>1511 Sugarwood Circle</u> <u>Winter Park FL 32792</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  STEVEN R. NEASE 6-23/03 (407) 260-8837  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)