

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90192 043 ***150.00

DOCUMENT # P01000002104

1. Entity Name
NIGHTENGALE ENTERPRISES, INC.



Principal Place of Business
7175 53RD ST
VERO BEACH FL 32967

Mailing Address
7175 53RD ST
VERO BEACH FL 32967

2. Principal Place of Business

3. Mailing Address

7165 53rd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Vero Beach, FL

4. FEI Number 65-1072054

Applied For

Not Applicable

Zip

Country

Zip
32967

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NIGHTENGALE, TIMOTHY P
7175 53RD ST
VERO BEACH FL 32967

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. 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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME NIGHTENGALE, PAUL E
STREET ADDRESS 7175 53RD ST
CITY-ST-ZIP VERO BEACH FL 32967

TITLE D ☒ Change ☐ Addition
NAME Nightengale, Paul E
STREET ADDRESS 7165 53rd St
CITY-ST-ZIP Vero Beach, FL 32967

TITLE D ☐ Delete
NAME NIGHTENGALE, TIMOTHY P
STREET ADDRESS 7175 53RD ST
CITY-ST-ZIP VERO BEACH FL 32967

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-03

Date

772-567-9059

Daytime Phone #

CR2E034 (10/02)