

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

0545371 AV

DOCUMENT # P01000014293

1. Entity Name
FLORIDA HIGHWAY MAINTENANCE, INC.

02-27-2002 90077 021 ***150.00

Principal Place of Business
1109 21ST
PALM HARBOR FL 34683

Mailing Address
1109 21ST
PALM HARBOR FL 34683



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2271 BELLEAIR RD
Suite, Apt. #, etc.
CLEARWATER, FL
City & State
Zip 33764 Country PINELLAS

3. Mailing Address
2271 BELLEAIR RD
Suite, Apt. #, etc.
CLEARWATER, FL
City & State
Zip 33764 Country PINELLAS

4. FEI Number
59-3696513

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BERGER, TODD
810 63 AVE N
ST PETERSBURG FL 33702

7. Name and Address of New Registered Agent
Name GREGORY A NICHOLS
Street Address (P.O. Box Number is Not Acceptable)
2271 BELLEAIR RD
City CLEARWATER, FL Zip Code 33764

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

(NOT Registered Agent signature required when reinstating)

2-13-02
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, 2002 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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD NICHOLS, GREGORY A 2271 BELLEAIR RD CLEARWATER, FL 33764 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD NICHOLS, MICHELE O 2271 BELLEAIR RD CLEARWATER, FL 33764 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

GREGORY A NICHOLS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02
Date

727-538-0949
Daytime Phone #

CR2E034 (9/01)