

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90107 047 ***158.75

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1. Entity Name

NOLAN BUILDERS & ASSOCIATES, INC.



Principal Place of Business

17623 COBBLESTONE LANE
CLERMONT FL 32771

Mailing Address

1021 RICHARD DRIVE
LADY LAKE FL 32159-2463

2. Principal Place of Business

3. Mailing Address

P.O. Box 687

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Lady Lake, Florida

Zip

Country

Zip

Country

32158-0687

USA

4. FEI Number

59-3743946

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

NOLAN, MICHAEL
17623 COBBLESTONE LANE
CLERMONT FL 32771

7. Name and Address of New Registered Agent

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 PD ☐ Delete
NAME NOLAN, MICHAEL
STREET ADDRESS 17623 COBBLESTONE LANE
CITY-ST-ZIP CLERMONT FL 32771

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

TITLE VD ☐ Delete
NAME GREGG, ROBERT A
STREET ADDRESS 1665 GOLFSIDE VILLAGE
CITY-ST-ZIP APOKA FL 32712

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

TITLE TD ☐ Delete
NAME MORRISON, LAWRENCE L
STREET ADDRESS 1021 RICHARD DR
CITY-ST-ZIP LADY LAKE FL 32159

TITLE ☒ Change ☐ Addition
NAME T-D MORRISON, LAWRENCE L.
STREET ADDRESS 534 Rainbow Blvd
CITY-ST-ZIP Lady Lake, FL 32159

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Lawrence L. Morrison **Lawrence L. Morrison** 3/30/03 352-753-8467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)