

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90488 017 ***150.00

DOCUMENT # P01000106541

1. Entity Name
NASH & ASSOCIATES, INC.



Principal Place of Business
**177 SUN ISLE CIRCLE
TREASURE ISLAND FL 33706**

Mailing Address
**177 SUN ISLE CIRCLE
TREASURE ISLAND FL 33706**



2. Principal Place of Business

6860 GULFPORT BLVD S.

3. Mailing Address

6860 GULFPORT BLVD S.

Suite, Apt. #, etc.

SUITE 178

Suite, Apt. #, etc.

SUITE 178

City & State

ST. PETERSBURG FL

City & State

ST. PETERSBURG FL.

Zip

Country

33707-2108

U.S.A.

Zip

Country

33707-2108

U.S.A.

☐ CHECK HERE IF MAKING CHANGES

31-1812188

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAPITAL CONNECTION INC
417 EAST VIRGINIA STREET
SUITE 1
TALLAHASSEE FL 32301**

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 **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D NASH, BRUCE J**
STREET ADDRESS **177 SUN ISLE CIRCLE**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **D NASH BRUCE J**
STREET ADDRESS **6860 GULFPORT BLVD SOUTH, SUITE 178**
CITY-ST-ZIP **ST. PETERSBURG FL, 33707-2108**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

BRUCE J. NASH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03

Date

954 461 3102

Daytime Phone #

CR2E034 (10/02)