

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000007383

1. Entity Name

NATIONS CONTRACTORS, INC.

FILED

Jun 27, 2000 8:00 am  
Secretary of State

06-27-2000 90005 050 \*\*\*550.00

Principal Place of Business

Mailing Address

~~7207 W. BROWARD BLVD.~~  
~~SUITE 157~~  
~~PLANTATION FL 33317~~

~~7207 W. BROWARD BLVD.~~  
~~SUITE 157~~  
~~PLANTATION FL 33317~~

2. Principal Place of Business

2190 SANTIAGO AVE

3. Mailing Address

2190 SANTIAGO AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT MYERS FL.

City & State

FT. MYERS FL.

4. FEI Number

65-0372187

Applied For

Not Applicable

Zip

Country

33905

LEE

Zip

Country

33905

LEE

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIPP, J  
1207 W BROWARD BLVD  
STE 157  
PLANTATION FL 33317

Name

Street Address (P.O. Box Number is Not Acceptable)

2190 SANTIAGO AVE

City

FT MYERS

FL

Zip Code

33905

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME TRIPP, J F  
STREET ADDRESS ~~7207 W BROWARD BLVD, 157~~  
CITY-ST-ZIP ~~PLANTATION FL 33317~~

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2190 SANTIAGO AVE  
CITY-ST-ZIP FT. MYERS FL. 33905

TITLE VP ☐ Delete  
NAME TRIPP, SCOTT  
STREET ADDRESS ~~7207 W BROWARD BLVD, #157~~  
CITY-ST-ZIP ~~PLANTATION FL 33317~~

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2190 SANTIAGO AVE  
CITY-ST-ZIP FT. MYERS FL 33905

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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

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:

*J. Tripp* J. TRIPP 6/19/2000 941-560 2820  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)