

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000041392

1. Entity Name

NALLEY ENTERPRISES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90375 024 ***150.00

Principal Place of Business

3651 HOLLOW TRAIL COURT
PALM HARBOR FL 34684

Mailing Address

3651 HOLLOW TRAIL COURT
PALM HARBOR FL 34685-3603

2. Principal Place of Business

3695 Justin Drive

Suite, Apt. #, etc.

3. Mailing Address

3695 Justin Drive

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Palm Harbor FL City & State Palm Harbor FL 4. FEI Number 59-3186832 Applied For ☐ Not Applicable ☐

Zip 34685 Country FL Zip 34685 Country FL 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

NALLEY, ROBERT A
3651 HOLLOW TRAIL COURT
PALM HARBOR FL 34684

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.

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 NAME STREET ADDRESS CITY-ST-ZIP	DPT NALLEY, ROBERT A 3651 HOLLOW TRAIL CT PALM HARBOR FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS NALLEY, JEFFERSON G 1778 SHORE ACRES BLVD. SAINT PETERSBURG FL	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: Robert A. Nalley, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00 (727) 34-1133

Date

Daytime Phone #

CR2E034 (9/99)