

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000004576

1. Entity Name
NEVINS ENTERPRISES, INC.

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90439 015 ***150.00

Principal Place of Business

1419 ORLANDO BLVD
PORT CHARLOTTE FL 33952

Mailing Address

1419 ORLANDO BLVD
PORT CHARLOTTE FL 33952

2. Principal Place of Business

14959 S. TAMMAM T2

Suite, Apt. #, etc.

3. Mailing Address

6943 JARVES RD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NORTH PORT FL

Zip

Country

USA

City & State

SARASOTA FL

Zip

34241

Country

USA

4. FEI Number 65-0455730

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEVINS, DONALD P
1419 ORLANDO BLVD
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name
NEVINS, PAUL S.
Street Address (P.O. Box Number is Not Acceptable)
6943 JARVES ROAD
City
SARASOTA FL Zip Code
34241

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

(NOTE: Registered Agent signature required when reinstating)

4-2-01

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, 2001 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
P
NEVINS, DONALD P.
1419 ORLANDO BLVD
PORT CHARLOTTE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
NEVINS, PAUL S.
4026 HONOLULU DRIVE
SARASOTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
NEVINS, FLORENCE C.
1419 ORLANDO BLVD
PORT CHARLOTTE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PUTS
NEVINS, PAUL S.
6943 JARVES RD
SARASOTA, FL 34241 ☒ Change ☐ Addition

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-01 (863)-993-0511
Date Daytime Phone #

CR2E034 (10/00)