

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000010843

1. Entity Name

NONPAREIL, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90270 030 ***150.00

Principal Place of Business

22003 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32413

Mailing Address

P. O. BOX 325
SUNNYSIDE FL 32308-6002
US

905361



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2112 ARENDELL WAY

Suite, Apt. #, etc.

3. Mailing Address

2112 ARENDELL WAY

Suite, Apt. #, etc.

City & State

TALLAHASSEE FLORIDA

City & State

TALLAHASSEE FLORIDA

4. FEI Number

58-1533122

Applied For

Not Applicable

Zip

32308

Country

USA

Zip

32308

Country

USA

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

WIGGINS, SUSAN M
22003 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32413

Name

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

2112 ARENDELL WAY

City

TALLAHASSEE

FL

Zip Code

32308

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	D	<input type="checkbox"/> Delete
NAME	WIGGINS, SUSAN M	
STREET ADDRESS	22003 FRONT BEACH ROAD	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2112 ARENDELL WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Susan Wiggins **SUSAN WIGGINS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00

Date

850-942-5737

Daytime Phone #

CR2E034 (9/99)