

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000000153

1. Entity Name
NIXON-TOALE, INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90097 034 ***550.00

Principal Place of Business

155 E KINGS WAY
WINTER PARK FL 32789
US

Mailing Address

155 E KINGS WAY
WINTER PARK FL 32789
US

2. Principal Place of Business

251 E. Kings Way

Suite, Apt. #, etc.

3. Mailing Address

251 E. Kings Way

Suite, Apt. #, etc.

City & State

Winter Park FL

City & State

Winter Park FL

4. FEI Number

59-3354482

Applied For

Not Applicable

Zip

Country

32789 USA

Zip

Country

32789 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

CHARISSE TOALE
155 KINGS WAY
ORLANDO FL 32789

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME TOALE, CHARISSE
STREET ADDRESS 155 E KINGS WAY
CITY-ST-ZIP ORLANDO FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME Charisse Toale
STREET ADDRESS 251 E. Kings Way
CITY-ST-ZIP Winter Park FL 32789 ☒ 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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.30.00 407.622.205

Date

Daytime Phone #

CR2E034 (5/00)