

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011249

1. Entity Name

~~AWG FOOD SERVICES, INC.~~

NAME CHANGE

SQUARE ONE NASSAU, INC

Principal Place of Business

Mailing Address

869 SADLER ROAD
SUITE 3
FERNANDINA BEACH FL 32034
US

P O BOX 946
FERNANDINA BEACH FL 32035-0946
US

2. Principal Place of Business

3. Mailing Address

869 Sadler Rd

Suite, Apt. #, etc.

Suite 3

City & State

Fernandina Beach, FL

Zip

32034

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANDON, RICHARD L
869 SADLER ROAD
FERNANDINA BEACH FL 32034

P.O. BOX 946
Fernandina Beach, FL 32035-0946

Name

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

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 PD
NAME BRANDON, RICHARD L
STREET ADDRESS 869 SADLER RD STE 5
CITY-ST-ZIP FERNANDINA BEACH FL

☒ Delete

TITLE PD
NAME Jackie Christensen
STREET ADDRESS 869 Sadler Rd, Ste 3
CITY-ST-ZIP Fernandina Beach, FL 32034

☒ Change

☐ Addition

TITLE
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☐ 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

4/28/00 912-729-2795

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)