

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90058 029 \*\*\*150.00

**DOCUMENT # P97000004351**

1. Entity Name

**NEXICO, INC.**

Principal Place of Business

**7666 15TH STREET EAST  
 SARASOTA FL 34243**

Mailing Address

**7405 N. TAMIAMI TRAIL  
 SARASOTA FL 34243**

2. Principal Place of Business

**NEXICO, INC.**

3. Mailing Address

**NEXICO, INC.**

Suite, Apt. #, etc.

**1435 Tallevast Rd.**

Suite, Apt. #, etc.

**1435 Tallevast Rd**

City & State

**Sarasota, FL**

City & State

**Sarasota, FL**

Zip

**34243**

Country

Zip

**34243**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0804930**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SEIDERS, TERRY M  
 7405 N TAMIAMI TRAIL  
 SARASOTA FL 34243**

7. Name and Address of New Registered Agent

Name

**SCOTT D. LYON**

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

**1435 Tallevast Road**

City

**SARASOTA**

**FL**

Zip Code

**34243**

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)

**1/19/01**  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LYON, SCOTT D</b>	
STREET ADDRESS	<b>7707 9TH AVENUE DRIVE NW</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
TITLE	<b>TS</b>	<input type="checkbox"/> Delete
NAME	<b>SHEPARD, GREGORY</b>	
STREET ADDRESS	<b>4701 GLENBROOKE TERRACE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>SEIDERS, TERRY M</b>	
STREET ADDRESS	<b>727 WHITFIELD AVENUE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/19/01**

Date

Daytime Phone #

CR2E034 (10/00)