

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91563 001 ***150.00

DOCUMENT # P970Q0097946

1. Entity Name

NESBIT CONSTRUCTION INC.

DO NOT WRITE IN THIS SPACE

642860

2. Principal Place of Business

7205 ESTERO BLVD.

Suite, Apt. #, etc.

3. Mailing Address

7205 ESTERO BLVD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT MYERS BEACH FL

Zip
33931

Country

LEE

City & State

FORT MYERS FL

Zip

33931

Country

LEE

4. FEI Number

59-3478868

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HEIST, H A

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

1661 ESTERO BLVD.

City

FORT MYERS BEACH

FL

Zip Code

33932

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)

4/15/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

JANUARY 1st - MAY 1st Fees \$150.00
After May 1st Fees \$550.00
Amended UBR \$61.25
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

NESBIT, JEFFERY

7205 ESTERO BLVD.

FORT MYERS BEACH, FL. 33931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

KATHY NESBIT

7205 ESTERO BLVD.

FORT MYERS BEACH, FL. 33931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JAMES FEDO

21074 BERSELL AVE.

PORT CHARLOTTE, FL. 33952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey S. Nesbit

Date

Daytime Phone #

4/15/02 239 463 3185

CR2E034B (12/01)