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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 24, 2001 8:00 am DOCUMENT # P97000099318 **Secretary of State** D. NASH CONSTRUCTION, INC. 01-24-2001 90009 022 ***150.00 Principal Place of Business Mailing Address 14116 HICKS RD 14116 HICKS RD LUUVAU HUDSON FL 34669 HUDSON FL 34669 2. Principal Place of Business 3. Mailing Address 9334 State Road 52 same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3481635 Hudson, Florida Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired... Fee Required 34669 Pasco same ame 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NASH, DARRAN Street Address (P.O. Box Number is Not Acceptable) 15016 DENNIS DR **HUDSON FL 34669** City 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. 01/10/2001 Darran Nash, President SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NASH, DARRAN NAME NAME STREET ADDRESS 15016 DENNIS DR STREET ADDRESS CITY-ST-ZIP **HUDSON FL 34669** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NASH, DUSTIN NAME NAME STREET ADDRESS 13080 SWEATGUM SR STREET ADDRESS CITY-ST-ZIP_ BROOKVILLE FL 34613 _CITY-ST_ZIP _ ☐ Delete TITLE Change ☐ Addition TITLE NAME NASH, DENNIS NAME STREET ADDRESS 15739 COUNTRY LANE STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34610 CITY-ST-ZIP Addition TITLE ☐ Delete TIT! F Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.