

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108431

1. Entity Name
NORTHERN EXPOSURE & CONTRACTORS, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90095 048 ***150.00

Principal Place of Business BURROUGH DR. COAST FL 32137	Mailing Address 118 BURROUGH DR. PALM COAST FL 32137-9499
---	---

2. Principal Place of Business <i>Same</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3496703** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NUNNALLY, BARRY
118 BURROUGH ST
PALM COAST FL 32137

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 *B. Nunnally* *Pres.*
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																								
<table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NUNNALLY, BARRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>118 BURROUGH DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM COAST FL 32137</td> <td></td> </tr> </table>	TITLE	P	<input type="checkbox"/> Delete	NAME	NUNNALLY, BARRY		STREET ADDRESS	118 BURROUGH DR.		CITY-ST-ZIP	PALM COAST FL 32137		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete																							
NAME	NUNNALLY, BARRY																								
STREET ADDRESS	118 BURROUGH DR.																								
CITY-ST-ZIP	PALM COAST FL 32137																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>T</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NUNNALLY, EDITH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>20 FERNWOOD LN</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM COAST FL 32137</td> <td></td> </tr> </table>	TITLE	T	<input type="checkbox"/> Delete	NAME	NUNNALLY, EDITH		STREET ADDRESS	20 FERNWOOD LN		CITY-ST-ZIP	PALM COAST FL 32137		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete																							
NAME	NUNNALLY, EDITH																								
STREET ADDRESS	20 FERNWOOD LN																								
CITY-ST-ZIP	PALM COAST FL 32137																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>T</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NUNNALLY, EDITH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>20 FERNWOOD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM COAST FL 32137</td> <td></td> </tr> </table>	TITLE	T	<input type="checkbox"/> Delete	NAME	NUNNALLY, EDITH		STREET ADDRESS	20 FERNWOOD		CITY-ST-ZIP	PALM COAST FL 32137		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete																							
NAME	NUNNALLY, EDITH																								
STREET ADDRESS	20 FERNWOOD																								
CITY-ST-ZIP	PALM COAST FL 32137																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add																							
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *B. Nunnally* *Pres.* 3/17/2000 9044477713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #