

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9800G011937

1. Entity Name  
NATION REAL ESTATE, INC.

Principal Place of Business  
2329 - 9TH ST. N.  
ST. PETERSBURG FL 33704

Mailing Address  
863 - 25 AVE. N.  
ST. PETERSBURG FL 33704

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90150 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3497520**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, CLAUDIA  
863 25TH AVENUE NORTH  
ST. PETERSBURG FL 33704

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **P** ☐ Delete  
NAME **WILSON, CLAUDIA**  
STREET ADDRESS **863 25TH AVENUE NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33704**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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/RECEIVED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/18/00 (927) 822-2221*  
Date Daytime Phone #

CR2E034 (5/00)

Attachment  
P98000011937

7/18/00 B0103941

TO: FLORIDA DEPT OF STATE  
FROM: CLAUDIA WILSON

I called today to notify you that  
I had just received this form.  
Evidently, I did not receive the first  
form at \$150.00.

I was told to send the \$150.00 to this  
address to register.

Thank you for your flexibility. I will  
notify you in the future if I do not  
receive this form in January.

Sincerely,  
Claudia Wilson  
Nation Real Estate