

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90014 030 ***150.00

DOCUMENT # P98000022688

1. Entity Name
NEVITT BROTHERS, INC.

Principal Place of Business

8425 RACETRACK RD S
TAMPA FL 33635

Mailing Address

8425 RACETRACK RD S
TAMPA FL 33635

2. Principal Place of Business

~~8798~~ **Nevitt Brothers Inc.** **8798 - 93rd Ave No.**

Suite, Apt. #, etc.

8798-93 Ave No.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Largo, FL

Zip

33777

Country

Zip

33777

Country

4. FEI Number

59-3500086

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEVITT, MARY-ANN R
8425 RACETRACK RD S
TAMPA FL 33635

7. Name and Address of New Registered Agent

Name

Nevitt, Marty L.
Street Address (P.O. Box Number is Not Acceptable)
8798-93 Ave. No

City

Largo, FL.

FL

Zip Code

33777

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

Marty L. Nevitt **Marty L. Nevitt**

1/23/02

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, 2002 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

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	NEVITT, CRAIG	
STREET ADDRESS	7925 86 WAY N	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	PST	<input type="checkbox"/> Delete
NAME	NEVITT, MARY-ANN R	
STREET ADDRESS	8425 RACETRACK RD S	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	P	<input type="checkbox"/> Delete
NAME	NEVITT, MARTY L	
STREET ADDRESS	8425 RACETRACK RD S	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nevitt, Mary-Ann R.	
STREET ADDRESS	8425 Racetrack Rd.	
CITY-ST-ZIP	Tampa, FL. 33635	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nevitt, Marty L.	
STREET ADDRESS	8798-93 Ave No	
CITY-ST-ZIP	Largo, FL. 33777	
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		
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:

Marty L. Nevitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marty L. Nevitt **1/23/02** **(727) 656-5340**
Date Daytime Phone #

CR2E034 (9/01)