

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000045903**

1. Entity Name

**VACUUM MASTER OF NWFL, INC.****FILED****Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90049 030 \*\*\*150.00

Principal Place of Business

**2164 WEST NINE MILE ROAD  
PENSACOLA FL 32534**

Mailing Address

**2164 WEST NINE MILE ROAD  
PENSACOLA FL 32534**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**3013 PINE FOREST RD**

Suite, Apt. #, etc.

**P.O. Box 7295**

City &amp; State

**CANTONMENT FL**

City &amp; State

**PENSACOLA, FL**

Zip

**32533**

Country

**USA**

Zip

**32534**

Country

**USA**4. FEI Number **59-3515149**

Applied For

Not Applicable

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

**4  
NELLUMS, DOUGLAS L  
3013 PINE FOREST RD  
CANTONMENT FL 32533**

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 \$150.00  
After MAY 1, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	NELLUMS, DOUGLAS	3013 PINE FOREST RD	CANTONMENT FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	NELLUMS, BRAIN K	220 MARIGOLD #102	PENSACOLA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	NELLUMS, NOVETA S	3013 PINE FOREST RD	CANTONMENT FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)