

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90032 037 ***150.00

DOCUMENT # P98000046279

1. Entity Name

NATURE COAST INSPECTION SERVICES, INC.

Principal Place of Business

**9167 NIAGARA ROAD
 BROOKSVILLE FL 34613**

Mailing Address

**9167 NIAGARA ROAD
 BROOKSVILLE FL 34613**

2. Principal Place of Business

9167 NIAGARA ROAD
 Suite, Apt. #, etc.

3. Mailing Address

9167 NIAGARA ROAD
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3512392

Applied For

Not Applicable

Zip

Country

Zip

Country

34613-6404

34613-6404

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BUCK, DAVID ALLEN P.A.
 13127 SPRING HILL DRIVE
 SPRING HILL FL 34609**

7. Name and Address of New Registered Agent

Name **Michael R Lovaglio**
 Street Address (P.O. Box Number is Not Acceptable)
9167 NIAGARA ROAD
WOODLAND WATERS
 City **Brooksville** FL Zip Code **34613**

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, 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	D	<input type="checkbox"/> Delete
NAME	LOVAGLIO, MICHAEL R	
STREET ADDRESS	9167 NIAGARA ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOVAGLIO, SHELLEY A	
STREET ADDRESS	9167 NIAGARA ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael R Lovaglio	
STREET ADDRESS	9167 NIAGARA ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34613-6404	
TITLE	President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHELLEY LOVAGLIO	
STREET ADDRESS	9167 NIAGARA ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
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		
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:

Michael R Lovaglio
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02
 Date

352-5975999
 Daytime Phone #

CR2E034 (9/01)