

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90070 022 ***150.00

DOCUMENT # P98000046279

1. Entity Name
NATURE COAST INSPECTION SERVICES, INC.



Principal Place of Business
**9167 NIAGARA ROAD
BROOKSVILLE FL 34613-6404**

Mailing Address
**9167 NIAGARA ROAD
BROOKSVILLE FL 34613-6404**

30017073



2. Principal Place of Business
2058 Wesbitt Ave
Suite, Apt. #, etc.

3. Mailing Address
2058 Wesbitt Ave
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Spring Hill FL
Zip
34608
Country
U.S.

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Spring Hill FL
Zip
34608
Country
U.S.

4. FEI Number **59-3512392**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEVAGLIO, MICHAEL R
9167 NIAGARA ROAD
WOODLAND WATERS
BROOKSVILLE FL 34613**

7. Name and Address of New Registered Agent

Name **LOVAGLIO MICHAEL R**
Street Address (P.O. Box Number is Not Acceptable)
2058 Wesbitt Ave
City **Spring Hill FL** Zip Code **34608**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Michael R Lovaglio** **Michael R Lovaglio** 1-20-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **LOVAGLIO, MICHAEL R**
STREET ADDRESS **9167 NIAGARA ROAD**
CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE **PD** ☒ Delete
NAME **LOVAGLIO, SHELLEY A**
STREET ADDRESS **9167 NIAGARA ROAD**
CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **LOVAGLIO MICHAEL R**
STREET ADDRESS **2058 Wesbitt Ave**
CITY-ST-ZIP **Spring Hill FL 34608**

TITLE ☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE: **Michael R Lovaglio** **Michael R Lovaglio** 1-20-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **350544 7001**

CR2E034 (10/02)