

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065986

1. Entity Name  
NEXUM, INC.

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91769 001 \*\*\*450.00

Principal Place of Business  
2415 SOUTH VOLUSIA AVENUE  
ORANGE CITY FL 32763  
US

Mailing Address  
P.O. BOX 4177  
ENTERPRISE FL 32725-4177  
US

2. Principal Place of Business

3. Mailing Address

2501 North Woodland Blvd 2501 North Woodland Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Deland, FL

City & State  
Deland, FL

Zip  
FL 32720

Country  
USA

Zip  
32720

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3536258

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

SPENCER, STEVEN A  
1900 E. ROBINSON ST.  
ORLANDO FL 32803

Name

Kevin L. Moyer

Street Address (P.O. Box Number is Not Acceptable)

2501 North Woodland Blvd.

City

Deland

FL

Zip Code

32720

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

Kevin L. Moyer

4-30-2001

Signature, typed or printed name of registered agent and date 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  
D  
BROWN, MARY M  
1163 E. SWANSON DR.  
DELTONA FL 32738-6647 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Mary Brown C.E.O.

4-30-2001

904-822-4266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)