

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 8:00 am  
Secretary of State

04-11-2001 90025 036 \*\*\*150.00

DOCUMENT # P98000084688

1. Entity Name

NICHOLAS TRANSPORT OF CITRUS COUNTY, INC.

Principal Place of Business

13 S. ADAMS ST.  
BEVERLY HILLS FL 34465

Mailing Address

13 S. ADAMS ST.  
BEVERLY HILLS FL 34465

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3535295

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

WYKLE, DEBRA J  
13 S. ADAMS ST.  
BEVERLY HILLS FL 34465

Name Debra J. McNall

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

13 S. Adams St.

City Beverly Hills FL

Zip Code 34465

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

Debra J. McNall

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 PS  
NAME WYKLE, DEBRA J  
STREET ADDRESS 13 S. ADAMS ST.  
CITY-ST-ZIP BEVERLY HILLS FL 34465 ☐ Delete

TITLE PS  
NAME McNall, Debra J ☒ Change ☐ Addition  
STREET ADDRESS 13 S. Adams St.  
CITY-ST-ZIP Beverly Hills, FL 34465

TITLE VT  
NAME MCNALL, CRAIG  
STREET ADDRESS 13 S. ADAMS ST.  
CITY-ST-ZIP BEVERLY HILLS FL 34465 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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:

Debra J. McNall

Debra J. McNall

Date

Daytime Phone #

352 527-8665

CR2E034 (10/00)