

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

0571442 AV

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

2537 W. Elm Blossom St.

3. Mailing Address

P.O. Box 640593

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Beverly Hills FL

City & State

Beverly Hills FL

Zip

Country

34465

Zip

Country

34464

4. FEI Number

59-3535295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

SIGNATURE **Debra J. McNall**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-18-03

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 **PS** ☐ Delete
NAME **MCNALL, DEBRA**
STREET ADDRESS **13 S. ADAMS ST. P.O. Box 640593**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **VT** ☐ Delete
NAME **MCNALL, CRAIG**
STREET ADDRESS **13 S. ADAMS ST. P.O. Box 640593**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME
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CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: **Debra J. McNall**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-03

Date

352 527-

Daytime Phone # **1058**

CR2E034 (10/02)