

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003758

1. Entity Name

NABORS HOME IMPROVERS INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90050 001 ***150.00

Principal Place of Business

16603 HOLLAND LANE
SPRING HILL FL 34610

Mailing Address

16603 HOLLAND LANE
SPRING HILL FL 34609-0103

2. Principal Place of Business

9176 REDBIRD LANE

Suite, Apt. #, etc.

3. Mailing Address

9176 REDBIRD LANE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BROOKSVILLE, FL

City & State

BROOKSVILLE, FL

4. FEI Number

59-3552119

Applied For

Not Applicable

Zip

34601

Country

USA

Zip

34601

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NABORS, CHARLES
16603 HOLLAND LANE
SPRING HILL FL 34610

7. Name and Address of New Registered Agent

Name

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

9176 REDBIRD LANE

City

BROOKSVILLE, FL

FL

Zip Code

34601

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, 2000 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** ☐ Delete
NAME **NABORS, CHARLES**
STREET ADDRESS **16603 HOLLAND LANE**
CITY-ST-ZIP **SPRING HILL FL 34610**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9176 REDBIRD LANE**
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

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

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

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TITLE ☐ Change ☐ 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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)