

2000 UNIFORM BUSINESS REPORT (UBR)

2/8

DOCUMENT # P99000011535

1. Entity Name

CHRISTINE NODHOLM INDUSTRIES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

02-08-2000 90070 020 ***150.00

Principal Place of Business

Mailing Address

5+449 80TH AVENUE CIRCLE EAST
PALMETTO FL 34221POST OFFICE BOX 253
ELLENTON FL 34222-0253

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

65-0891592

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

~~SPIEGEL & UTREBA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134~~

Name

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

5449 80TH AVE CIR EAST

City

Palmetto

FL

Zip Code

34221

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

Christine Nodholm Christine Nodholm President

3-6-2000

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

(NOTE: Registered Agent signature required when reinstalling)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
 NAME NODHOLM, CHRISTINE M
 STREET ADDRESS 5+449 80TH AVENUE CIRCLE EAST
 CITY-ST-ZIP PALMETTO FL 34221

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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 empowered.

SIGNATURE:

Christine M Nodholm Christine M Nodholm 1-31-2000 941-721-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #