

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041864

1. Entity Name

MORAN & NICHOLSON ENTERPRISES, INC.

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90017 016 ***150.00

Principal Place of Business

Mailing Address

1511 E. COMMERCIAL BLVD., STE. 122
FT. LAUDERDALE FL 33334

1511 E. COMMERCIAL BLVD., STE. 122
FT. LAUDERDALE FL 33334-5717

2. Principal Place of Business

155 NE 56th COURT

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 100045

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FLA

City & State

FT. LAUDERDALE, FLA

4. FEI Number

65-0919889

Applied For

Not Applicable

Zip

33334

Country

USA

Zip

33310

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORAN, STACY L SR.
1511 E. COMMERCIAL BLVD., STE. 122
FT. LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name SAME

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

155 NE 56th COURT

City FT. LAUDERDALE

FL

Zip Code 33334

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

STACY L MORAN, SR - PRESIDENT

01/18/00

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES/DIR/SEC/TRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACY L. MORAN, SR	
STREET ADDRESS	155 NE 56TH CT	
CITY-ST-ZIP	FT LAUDERDALE, FL 33334	
TITLE	VICE PRES/DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID E. NICHOLSON	
STREET ADDRESS	155 NE 56TH CT	
CITY-ST-ZIP	FT LAUDERDALE, FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

STACY L MORAN, SR - PRES 01/18/00 954-382-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)