

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046344

1. Entity Name

THE NESTING PLACE, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90037 030 \*\*\*150.00

Principal Place of Business

5869 CASSANDRA CT.  
WEST PALM BEACH FL 33415

Mailing Address

5869 CASSANDRA CT.  
WEST PALM BEACH FL 33415-4546

2. Principal Place of Business

1101 W. JASMIN DR.  
Suite, Apt. #, etc.

3. Mailing Address

1437 APPLE BLOSSOM LN.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE PARK FLA

City & State

WEST PALM BEACH FL

4. FEI Number

65-0921168

Applied For

Not Applicable

Zip

33403

Country

FLA

Zip

33415

Country

FLA

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

HIGINSON, THEODORE  
5869 CASSANDRA CT.  
WEST PALM BEACH FL 33415

Name

JACQUES MAINVILLE

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

1437 APPLE BLOSSOM LN.

City

WEST PALM BEACH

FL

Zip Code  
33415

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

*Jacques Mainville*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-24-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HIGINSON, THEODORE	
STREET ADDRESS	5869 CASSANDRA CT.	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAINVILLE, JACQUES	
STREET ADDRESS	1437 APPLE BLOSSOM LN.	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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

*Jacques Mainville*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-24-00

Date

1561 845-6782

Daytime Phone #

CR2E034 (9/99)