

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-21-2003 90086 017 ***158.75

DOCUMENT # P99000058813

1. Entity Name

NORTH FLORIDA SAFETY AND TRAINING CENTER, INC.



Principal Place of Business

**315 BURK ST
LAKE CITY FL 32025**

Mailing Address

**315 BURK ST
LAKE CITY FL 32025**

2. Principal Place of Business

Rt 10, Box 521-K

3. Mailing Address

Rt 10, Box 521-K

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City FL

City & State

Lake City FL

4. FEI Number

59-3590264

Applied For

Not Applicable

Zip

32025

Country

Columbia

Zip

32025

Country

Columbia

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NICHOLS, LEROY
RT 10, BOX 521-K
LAKE CITY FL 32025**

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

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

(NOTE: Registered Agent signature required when reinstating)

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 **D** ☐ Delete
NAME **NICHOLS, LEROY**
STREET ADDRESS **RT 10, BOX 521-K**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **D** ☐ Delete
NAME **NICHOLS, JANE**
STREET ADDRESS **RT 10, BOX 521-K**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE ☐ Delete
NAME
STREET ADDRESS
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

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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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:

LEROY NICHOLS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-03 (386) 754-8778

Date

Daytime Phone #

CR2E034 (10/02)