

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084075

1. Entity Name

NATURE COAST CONTRACTING, INC.

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90003 041 ***150.00

0640690

Principal Place of Business
1080-B PALM AVENUE
HOMOSASSA FL 34448

Mailing Address
POST OFFICE BOX 2769
HOMOSASSA SPRINGS FL 34447

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 59-3599074

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

PONDER, CHARLES J
THE BOOKKEEPER & ASSOC., INC.
2667-B N. FLORIDA AVENUE
HERNANDO FL 34442

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.

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, 2001 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 ☐ Delete
NAME COLSON, TROY D
STREET ADDRESS 1080-B PALM AVENUE
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE VP ☐ Change ☒ Addition
NAME Frank D. Maionino
STREET ADDRESS 6246 East Ivy Lane
CITY-ST-ZIP Inverness FL 34452

TITLE D ☐ Delete
NAME COLSON, JUDY C
STREET ADDRESS 1080-B PALM AVENUE
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE ☐ Change ☒ Addition
NAME Troy D. Colson DP
STREET ADDRESS 1080B Palm Ave
CITY-ST-ZIP Homosassa FL 34448

TITLE VP ☐ Delete
NAME FENDER, WILLIAM J
STREET ADDRESS 1080-B PALM AVE
CITY-ST-ZIP HOMOSASSA FL 34448

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

TITLE VP ☐ Delete
NAME HANSON, KARL
STREET ADDRESS 1080-B PALM AVE
CITY-ST-ZIP HOMOSASSA FL 34448

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

TITLE VP ☒ Delete
NAME BROWN, GREGORY L
STREET ADDRESS 1080-B PALM AVE
CITY-ST-ZIP HOMOSASSA FL 34448

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Troy Colson

3-1-01

Date

352-563-1083

Daytime Phone #

CR2E034 (10/00)