

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

0531324 AV

**DOCUMENT # P99000084075**

1. Entity Name

**NATURE COAST CONTRACTING, INC.**

04-09-2002 90038 008 \*\*\*150.00

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

4. FEI Number

**59-3599074**

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2002 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	COLSON, TROY D	
STREET ADDRESS	1080-B PALM AVENUE	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLSON, JUDY C	
STREET ADDRESS	1080-B PALM AVENUE	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FENDER, WILLIAM J	
STREET ADDRESS	1080-B PALM AVE	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HANSON, KARL	
STREET ADDRESS	1080-B PALM AVE	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MAIORINO, FRANK D	
STREET ADDRESS	6246 EAST IVY LANE	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	DP	<input type="checkbox"/> Delete
NAME	COLSON, TROY D	
STREET ADDRESS	1080 B-PALM AVE	
CITY-ST-ZIP	HOMOSASSA FL 34448	

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

*Troy D Colson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/02 352-563-1083

CR2E034 (9/01)