

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State
 04-27-2000 90121 036 ***150.00

DOCUMENT # P99000106497

1. Entity Name
NASSAU SERVICES, INC.

Principal Place of Business Mailing Address
~~1548 LANCASTER TERRACE~~ ~~1548 LANCASTER TERRACE~~
~~JACKSONVILLE FL 32204~~ ~~JACKSONVILLE FL 32204~~

2. Principal Place of Business 3. Mailing Address
2110 Sadler Rd. **2110 Sadler Rd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Fernandina Beach, Fl. **Fernandina Beach, Fl.**
 Zip Zip
32034 **32034**
 Country Country
US **US**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
593612924 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FRAZIER, CLARENCE F
1548 LANCASTER TERRACE
JACKSONVILLE FL 32204

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.

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State 10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	FRAZIER, CLARENCE F
STREET ADDRESS	1548 LANCASTER TERRACE
CITY-ST-ZIP	JACKSONVILLE FL 32204
TITLE	D-P <input type="checkbox"/> Delete
NAME	HARDISON, CHARLTON
STREET ADDRESS	2110 SADLER ROAD
CITY-ST-ZIP	FERNANDINA BEACH FL 32034
TITLE	D-UP <input type="checkbox"/> Delete
NAME	Pamela K. Hardison
STREET ADDRESS	2110 Sadler Rd.
CITY-ST-ZIP	Fernandina Beach, Fl. 32034
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	<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	
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: **Charlton H. Hardison** Date: **4-20-00** Daytime Phone #: **9042614208**

CR2E034 (9/99)