

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90092 044 ***150.00

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DOCUMENT # P99000106497

1. Entity Name
NASSAU SERVICES, INC.

Principal Place of Business
**2110 SADLER ROAD
FERNANDINA BEACH FL 32034**

Mailing Address
**2110 SADLER ROAD
FERNANDINA BEACH FL 32034**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3612924**

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

**FRAZIER, CLARENCE F.
1548 LANCASTER TERRACE
JACKSONVILLE FL 32204**

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
NAME **DP**
STREET ADDRESS **HARDISON, CHARLTON**
CITY-ST-ZIP **2110 SADLER ROAD
FERNANDINA BEACH FL 32034** ☐ Delete

TITLE
NAME **PRESIDENT (only)** ☒ Change ☐ Addition
STREET ADDRESS **HARDISON, CHARLTON**
CITY-ST-ZIP **2110 SADLER RD
FERNANDINA BEACH, FL 32034** ☐ Change ☐ Addition

TITLE
NAME **DVP**
STREET ADDRESS **HARDISON, PAMELA K**
CITY-ST-ZIP **2110 SADLER RD
FERNANDINA BEACH FL 32034** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

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

3-7-02

Date

904261-4208

Daytime Phone #

CR2E034 (9/01)