

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S87805

1. Entity Name

NIGHTINGALE AND ASSOCIATES, INC.

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90015 001 \*\*\*158.75

Principal Place of Business

Mailing Address

~~162 AVE E~~  
APALACHICOLA FL 32320  
US

~~PO BOX 434~~  
APILACHICOLA FL 32329-0434

00038950



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

99 11th Street

PO Box 974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Apalachicola, Florida  
Zip  
32320  
Country  
USA

City & State  
Apalachicola, Florida  
Zip  
32329  
Country  
USA

4. FEI Number  
59-2093779

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

~~COOPER, DEBORAH~~  
150 LAS BRISAS DRIVE  
EASTPOINT FL 32328

Name  
Keller, Deborah  
Street Address (P.O. Box Number is Not Acceptable)  
150 Las Brisas Dr.  
City  
Eastpoint FL Zip Code  
32328

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 Deborah Keller Deborah Keller 03/14/00  
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 Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	STEWART, DEBRA E	
STREET ADDRESS	1636 RIO VISTA	
CITY-ST-ZIP	DALLASS TX 75208	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEWART, HAROLD L	
STREET ADDRESS	1636 RIO VISTA	
CITY-ST-ZIP	DALLASS TX 75208	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COOPER, DEBORAH	
STREET ADDRESS	150 LAS BRISAS DR	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WELDON, RICHARD	
STREET ADDRESS	7606 FERGUSON RD	
CITY-ST-ZIP	DALLAS TX 75228	
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"/> 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:

Debra E Stewart  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Debra E Stewart

03-07-2000 2143218484  
Date Daytime Phone #