

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90020 019 \*\*\*150.00

**DOCUMENT # S90158**

1. Entity Name  
**NANACO, INC.**

Principal Place of Business  
**5202 OCEAN BLVD.  
SARASOTA FL 34242**

Mailing Address  
**5202 OCEAN BLVD.  
SARASOTA FL 34242**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0292266**

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

**GAVIN, CHRISTIE  
5202 OCEAN BLVD  
SARASOTA FL 34242**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
CHRISTIE, GAVIN  
5202 OCEAN BLVD.  
SARASOTA FL** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

**GAVIN CHRISTIE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/6/01 (941) 349-6060**  
Date Daytime Phone #

CR2E034 (5/01)

SIESTA  
VIDEO &  
1 HOUR  
PHOTO

Attachment  
#590158

00016382 (941)

5202 Ocean Boulevard (In Siesta Village), Siesta Key, Fl. 34242 (813) 349-6060 349-2980

SEPT. 7, 2001

TO WHOM IT MAY CONCERN:

ENCLOSED IS A CHECK FOR \$150.00 TO  
RENEW MY CORPORATION. THIS WAS THE  
FIRST BILL OR NOTICE OF ANY KIND THAT I  
RECEIVED. I CALLED YOUR OFFICE AND I WAS  
TOLD TO WRITE THIS LETTER & ENCLOSE \$150.00.  
I HOPE THIS WILL WORK OUT OK AS THE  
ADDITIONAL \$400.00 WOULD BE A HARDSHIP.  
THANK YOU FOR ANY HELP YOU CAN OFFER  
REGARDING THIS MATTER.

GAVIN CHRISTIE

ANALCO. INC.

RE: DOCUMENT # 590158

