

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 683717

FILED
Apr 28, 2003
Secretary of State

Entity Name: NIMNIGHT HOLDING COMPANY

Current Principal Place of Business:

1550 CASSAT AVE
P.O. BOX 14000
JACKSONVILLE, FL 32210

New Principal Place of Business:

1550 CASSAT AVE
JACKSONVILLE, FL 32210

Current Mailing Address:

1550 CASSAT AVE
P.O. BOX 14000
JACKSONVILLE, FL 32210

New Mailing Address:

P O BOX 14000
JACKSONVILLE, FL 32238

FEI Number: 59-2043855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIMNIGHT, LEE A STD
1550 CASSAT AVE
JACKSONVILLE, FL 32210

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NIMNIGHT III, BILLIE N PD
Address: 1550 CASSAT AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: STD () Delete
Name: NIMNIGHT, LEE A STD
Address: 1550 CASSAT AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: CD () Delete
Name: NIMNIGHT, ELIZABETH, P.
Address: 1550 CASSAT AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE A NIMNIGHT

STD

04/28/2003

Electronic Signature of Signing Officer or Director

Date