

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

0110791 AV

DOCUMENT # K88115

1. Entity Name
JAMES M. NICHOLAS, P.A.

01-27-2002 90009 027 ***150.00

Principal Place of Business 1815 S PATRICK DR INDIAN HARBOUR BCH FL 32937 US	Mailing Address 1815 S PATRICK DR INDIAN HARBOUR BCH FL 32937 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1540 Highland Avenue Suite, Apt. #, etc. 2nd Floor	3. Mailing Address 1540 Highland Avenue Suite, Apt. #, etc. 2nd Floor
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City & State Melbourne, FL	City & State Melbourne, FL	4. FEI Number 59-2947273	Applied For Not Applicable
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Zip 32935	Country USA	Zip 32935	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NICHOLAS, JAMES M. 1815 S. PATRICK DRIVE INDIAN HARBOR BEACH FL 32937		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1540 Highland Avenue, 2nd Floor City Melbourne FL Zip Code 32935	
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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  DATE JAN 10, 2002

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NICHOLAS, JAMES M. 1815 S PATRICK DRIVE INDIAN HARBOUR BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1540 Highland Ave., 2nd Floor Melbourne, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NICHOLAS, JAMES M. 1815 S PATRICK DR INDIAN HARBOUR BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1540 Highland Ave., 2nd Floor Melbourne, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE JAN 10, 2002 (321) 252-7668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)