

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90110 029 \*\*\*\*50.00

**DOCUMENT # L98000003055**



1. Entity Name  
**NICKERSON BROTHERS, L.L.C.**

Principal Place of Business      Mailing Address  
**3206 STEVE ROBERTS SPEC ROAD      3206 STEVE ROBERTS SPEC ROAD**  
**ZOLFO SPRINGS FL 33890      ZOLFO SPRINGS FL 33890**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3571670**      Applied For  
Not Applicable  
5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**NICKERSON, JOE D**  
**3206 STEVE ROBERTS SPEC ROAD**  
**ZOLFO SPRINGS FL 33890**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joe D Nickerson*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>NICKERSON, JOE D</b>	
STREET ADDRESS	<b>3206 STEVE ROBERTS SPEC ROAD</b>	
CITY-ST-ZIP	<b>ZOLFO SPRINGS FL 33890</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>NICKERSON, CHRIS R</b>	
STREET ADDRESS	<b>3206 STEVE ROBERTS SPEC ROAD</b>	
CITY-ST-ZIP	<b>ZOLFO SPRINGS FL 33890</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Joe D Nickerson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/7/03 (863) 773-4487  
Date      Daytime Phone #

CP2E083 (10/02)