## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P99000057320**

## JAMES NICHOLAS ENTERPRISES, INC.

1. Entity Name

## Principal Place of Business Mailing Address 113 NORTH FEDERAL HIGHWAY 113 NORTH FEDERAL HIGHWAY DANIA BEACH FL 33004 DANIA BEACH FL 33004 3. Mailing Address 2. Principal Place of Business Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0936466 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ADAMS, GERALD J Street Address (P.O. Box Number is Not Acceptable) 113 NORTH FEDERAL HIGHWAY DANIA BEACH FL 33004 Zio Code City 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 DATE Signature, typed or printed name of registered agent and tifle if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition **PVST** ☐ Delete NAME NAME NICHOLAS, JAMES C STREET ADDRESS STREET ADDRESS 12613 N.W. 15TH STREET CITY-ST-ZIP CITY- ST- ZIP SUNRISE FL 33323 Change Addition ☐ Delete TITI F TITL 5 D NAME NICHOLAS, JAMES C NAME: STREET ADDRESS STREET ADDRESS 12613 N.W. 15TH STREET OLIV-ST-ZIP CITY - ST- Z'P SUNRISE FL 33323 ☐ Change ★ Addition TITLE ☐ Delete TIFLE CORAW ALAMS 113 NORTH FEDERAL HIGHWAY DANIA BEALH, KI. 33004 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition 13To F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CiTY-ST-ZIP TITLE ☐ Change ☐ Addition Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-Z:P Change Addit on TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS

fliping does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information supplied and accurate and that my signature shall have the same legal offect as if made under oath: that I am an officer or director ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental re-of the corporation or the receiver or trustee changed, or on an attachm all other like empowered.

CiTY-ST-ZIP

SIGNATURE:

Cary-ST-ZIP

May 11, 2001 8:00 am Secretary of State

05-11-2001 90054 014 \*\*\*150.00