

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000029292

**FILED**  
**Feb 05, 2024**  
**Secretary of State**  
**1058771989CC**

**Entity Name:** NICHOLSON VISUALIZATION, INC

**Current Principal Place of Business:**

332 W. BEARSS AVENUE  
TAMPA, FL 33613

**Current Mailing Address:**

3503 KNOLLWOOD HILL DRIVE  
CHATTANOOGA, TN 37415 US

**FEI Number: 83-4344012**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NICHOLSON, JONATHAN D  
332 W. BEARSS AVENUE  
TAMPA, FL 33613 US

*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

**Officer/Director Detail :**

Title            CEO  
Name            NICHOLSON, JONATHAN D  
Address        3503 KNOLLWOOD HILL DRIVE  
City-State-Zip: CHATTANOOGA TN 37415

Title            FINANCE DIRECTOR  
Name            NICHOLSON, ALISON  
Address        3503 KNOLLWOOD HILL DRIVE  
City-State-Zip: CHATTANOOGA TN 37415

*I hereby 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 all other like empowered.*

**SIGNATURE: JONATHAN NICHOLSON**

**CEO**

**02/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date