

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-10-2003 90113 039 ***150.00

FILED 314973
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 21 PM 2:24

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DOCUMENT # 314973

1. Entity Name
NICOR PRODUCTS, INC.



Principal Place of Business
1602 N GOLDENROD RD
~~P.O. BOX 374063~~
ORLANDO FL ~~32857-1063~~

Mailing Address
1602 N GOLDENROD RD
~~P.O. BOX 374063~~
ORLANDO FL ~~32857-1063~~

32807

32807

2. Principal Place of Business

1602 N Goldenrod Rd
Suite, Apt. #, etc.

3. Mailing Address

1602 N. Goldenrod Rd
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number 59-1163014

Applied For
Not Applicable

Zip 32807 Country USA

Zip 32807 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEGEL, NICHOLAS J
1602 N. GOLDENROD ROAD
ORLANDO FL 32807

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE TAS
NAME DEGEL, NICHOLAS J.
STREET ADDRESS 1602 N. GOLDENROD ROAD
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE PAS
NAME JONES, GARY
STREET ADDRESS 5565 OSPREY ISLE LANE
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE V
NAME SHULZAS, ROBERT J
STREET ADDRESS 1235 MACTAVANDASH DR
CITY-ST-ZIP OVIEDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nick Degel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nick Degel 7/9/03 407-277-0412
Daytime Phone #

CR2E034 (4/03)