

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A14827**

1. Entity Name

NICK'S PROPERTIES I LIMITED

FILED

02 JAN 18 PM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business % DAVID HEALD 7920 ORIOLE ST. JACKSONVILLE FL 32208	Mailing Address % DAVID HEALD 7920 ORIOLE ST. JACKSONVILLE FL 32208
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2002	
4. FEI Number 59-2368430	Applied For <input type="checkbox"/> Not Applicable

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
HEALD, DAVID E 2070 OAK HAMMOCK DR. PONTE VEDRA FL 32082

7. Name and Address of New Registered Agent
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.

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

9. Capital Contributions as Shown on record. \$79,500.00	10. Amount of Capital Contributions in FLORIDA to date. 79,500	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION 526.25
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS	CITY-ST-ZIP	
	CITY-ST-ZIP		
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	CITY-ST-ZIP		

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *David Heald* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**
1-11-02 (904) 765-7000
Date Daytime Phone #

0006117 AT

CR2E003 (9/01)