

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90146 046 ***158.75

DOCUMENT # F01000006436

1. Entity Name
NUCLEUS HOLDINGS, INC.

Principal Place of Business
110 INTERLACHEN COURT
AVONDALE PA 19311

Mailing Address
110 INTERLACHEN COURT
AVONDALE PA 19311

2. Principal Place of Business
569 HERITAGE OAKS CT
 Suite, Apt. #, etc.

3. Mailing Address
7454 LANCASTER PIKE
 Suite, Apt. #, etc.
BOX 326

City & State
TARPON SPRINGS, FL

City & State
HOCKESSIN, DE

4. FEI Number
23-3094090

Applied For
☐ **Not Applicable**

Zip
34689

Country

Zip
19707

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
BAYS, PATRICK
110 INTERLACHEN COURT
AVONDALE PA 19311

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BAYS, BRIGITTE
5000 GULF BLVD., UNIT 104
ST. PETERSBURG FL 33706

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BAYS, CAROLE
110 INTERLACHEN COURT
AVONDALE PA 19311

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ **Delete**
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☐ **Delete**
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☐ **Delete**
☐ **Change** ☐ **Addition**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/2002

Date

(727)

938-4497

Daytime Phone #

CR2E034 (9/01)