

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90217 020 \*\*\*150.00

**DOCUMENT # F01000006436**

1. Entity Name  
**NUCLEUS HOLDINGS, INC.**



Principal Place of Business  
**569 HERITAGE OAKS CT  
TARPON SPRINGS, FL 34689**

Mailing Address  
**7454 LANCASTER AVE  
#326  
HOCKESSIN, DE 19707**

2. Principal Place of Business  
**140 ISLAND WAY**  
Suite, Apt. #, etc.

3. Mailing Address  
**140 ISLAND WAY**  
Suite, Apt. #, etc.  
**NO. 285**

City & State  
**CLEARWATER, FL**  
Zip  
**33767**  
Country  
**USA**

City & State  
**CLEARWATER, FL**  
Zip  
**33767**  
Country  
**USA**

4. FEI Number  
**23-3094090**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2626**

## 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. 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 resigning)

DATE

**FILE NOW! FEES \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCD  
BAYS, PATRICK  
110 INTERLACHEN COURT  
AVONDALE, PA 19311** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
BAYS, CAROLE  
110 INTERLACHEN COURT  
AVONDALE, PA 19311** ☐ 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  
**PCD  
BAYS, PATRICK  
569 HERITAGE OAKS CT.  
TARPON SPRINGS, FL, 34689** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
BAYS, BRIGITTE  
880 MANDALAY, SAIL  
CLEARWATER, FL, 33767** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
BAYS, CAROLE  
569 HERITAGE OAKS CT  
TARPON SPRINGS, FL, 34689** ☒ Change ☐ Addition

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

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: **P. Bays** **PATRICK BAYS, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/2003 727-938-4497**

Date

Daytime Phone #

CR2E034 (10/02)