

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91878 013 \*\*\*150.00

0489710 AV

DOCUMENT # **H68728**

1. Entity Name  
**THE NICHOLAS GROUP, INC.**



Principal Place of Business <del>29399 US 19 N</del> <del>STE 200</del> <b>CLEARWATER FL 00701</b> <del>US</del>	Mailing Address <del>29399 US 19 N</del> <del>STE 200</del> <del>CLEARWATER FL 00701</del> <del>US</del>
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2. Principal Place of Business <b>3895 Tampa Road</b> Suite, Apt. #, etc.	3. Mailing Address <b>PO Box 1859</b> Suite, Apt. #, etc.
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City & State <b>Oldsmar FL</b>	City & State <b>Oldsmar, FL</b>	4. FEI Number <b>59-2563151</b>	Applied For Not Applicable
Zip <b>34677</b>	Country <b>USA</b>	Zip <b>34677-1859</b>	Country <b>USA</b>



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DIANA, NICHOLAS**  
~~29399 US 19 N~~  
~~STE 200~~  
**CLEARWATER FL 34621**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**168 Rue Des Chateaux**  
City  
**Tarpon Springs FL** Zip Code  
**34688**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$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	<b>P</b> <input type="checkbox"/> Delete <b>DIANA, VINCENT</b> <del>29399 US 19 N, STE 200</del> <del>CLEARWATER FL</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <input type="checkbox"/> Delete <b>DIANA, NICHOLAS</b> <del>29399 US 19 N, STE 200</del> <del>CLEARWATER FL</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3895 Tampa Road</b> <b>Palm Harbor, FL 34677</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>168 Rue Des Chateaux</b> <b>Tarpon Springs, FL 34688</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03  
Date

813-864-3434  
Daytime Phone #

CRE034 (10/02)