

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # H69246**1. Entity Name
NICHOLSON & ASSOCIATES, INC.**Principal Place of Business****NICHOLSON & ASSOCIATES**
102 N PALM AVE
INDIALANTIC
32903 US

FL

Mailing Address**NICHOLSON & ASSOCIATES**
102 N PALM AVE
INDIALANTIC
32903 US

FL

2. Principal Place of Business
NICHOLSON & ASSOCIATES**3. Mailing Address**
NICHOLSON & ASSOCIATESSuite, Apt. #, etc.
423 FIFTH AVESuite, Apt. #, etc.
PO BOX 510144City & State
INDIALANTIC FLCity & State
MELBOURNE BEACH FLZip
32903Country
USZip
32951Country
US4. FEI Number
59-2560329

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**KENNY E. PATRICK**
442 SANDY KEY**MELBOURNE BCH.**
32951 US

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

05/01/2001

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, 2001 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	DST	<input type="checkbox"/> Delete
NAME	KENNY, E. PATRICK	
STREET ADDRESS	442 SANDY KEY	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NICHOLSON, CAROL	
STREET ADDRESS	442 SANDY KEY	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Carol Nicholson

PD

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)