

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90357 030 ***150.00

DOCUMENT # K05947

1. Entity Name

TRIPLE N OF BREVARD, INC.

Principal Place of Business

**545 E. GARFIELD AVE.
UNIT #502
COCOA BEACH FL 32931
US**

Mailing Address

**545 E. GARFIELD AVE.
UNIT #502
COCOA BEACH FL 32931
US**

2. Principal Place of Business

3. Mailing Address

545 E. GARFIELD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT # 704

City & State

City & State

COCOA BEACH FL.

Zip

Country

Zip

Country

32931

BREVARD

4. FEI Number

65-0030713

Applied For

Not Applicable

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

NICHOLSON, THOMAS

**545 E. GARFIELD AVE #502 704
COCOA BEACH FL 32931**

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

545 E GARFIELD AVE # 704

City

COCOA BEACH

FL

Zip Code

32931

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

Thomas M. Nicholson

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

(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 ☐ Delete
NAME **D**
STREET ADDRESS **NICHOLSON, THOMAS M.**
CITY-ST-ZIP **545 E. GARFIELD AVE, #502 704
COCOA BEACH FL**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **NICHOLSON, THOMAS M., JR**
CITY-ST-ZIP **723 S 152ND CR
OMAHA NE 68154**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **NICHOLSON, WILLIAM O.**
CITY-ST-ZIP **10373 MORNING DEW LN
MECHANICSVILLE VA 23116**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: THOMAS M. NICHOLSON *Thomas M. Nicholson* 4/10/02 (321) 783-9036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)