## **2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # K70152**

## FILED Feb 08, 2001 8:00 am Secretary of State

NICKLE & DIME PROPERTIES, INC.						02-08-2001 90031 027 ***150.00				
Principal Place of Business C/O GOODMAN & BREEN 3838 TAMIAMI TRAIL N STE 300 NAPLES FL 34103-3590 US			Mailing Address C/O GOODMAN & BREEN 3838 TAMIAMI TRAIL N STE 300 NAPLES FL 34103-3590 US							
2. Principal P	Place of Busine	ess	3. Mailing Address		<del></del>					
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		DO NOT WRITE IN THIS SPACE						
				4. FEI Number 65-0132942 Applied Fo				oplied For ot Applicable		
Zip		Country	Zip	Country	,	5. Certificate of	Status Desired		8.75 Add	ditional
	6. Name a	and Address of Curren	t Registered Agent		,	7. Name and Ad	dress of New Re	gistered Ag	ent	
					Name					7.20
Goodman, Kenneth D. 3838 Tamiami Trail N Suite 300		."		Street Address (P.O. Box Number is Not Acceptable)						
	LES FL 3410	13-3590		)						
,,,,,				-	City			FL	Zip Cod	e
		f 10 alice 1 a 1 a			70					
6. The above	named entity	submits this statement t	or the purpose of changing	its registered	onice or registe	ered agent, or both,	in the State of Fior	ida.		
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SIGNATURE.	Signature, typed or	r printed name of registered agen	t and title if applicable. (No	OTE: Registered A	gent signature require	ed when reinstating)		DATE	<u> </u>	
<del>-</del>	<del></del>					ed when reinstating)		DATE		<del></del> _
9. This corpo	oration is eligib	ple to satisfy its Intangible	e FILE NO\	W!!! FEE IS	S \$150.00	10. Election	on Campaign Fina	ancing _		 О мау Ве
9. This corpo	oration is eligib			W!!! FEE IS 2001 Fee w	6 \$150.00 ill be \$550.00	10. Election	on Campaign Fina Fund Contribution.	ancing _		May Be
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9. This corpo Tax filing r (See criter	oration is eligib requirement ar	ole to satisfy its Intangible and elects to do so.	e FILE NOV After MAY 1, Make Check Pay	W!!! FEE IS 2001 Fee w able to Dep	6 \$150.00 ill be \$550.00	10. Election Trust in	Fund Contribution.	ancing	Added	to Fees
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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: