

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90141 023 ***150.00

DOCUMENT # K70152

1. Entity Name
NICKLE & DIME PROPERTIES, INC.

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 Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0132942** **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

GOODMAN, KENNETH D.
3838 TAMiami TRAIL N
SUITE 300
NAPLES FL 34103-3590

Name
Goodman & Breen, P.A.
Street Address (P.O. Box Number is Not Acceptable)
3838 Tamiami Trail N.
Suite 300
City **FL** **Zip Code**
Naples **34103**

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

(NOTE: Registered Agent signature required when reinstating)

DATE *2/4/02*

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVP** ☐ **Delete**
NAME **BROWER, MICHAEL**
STREET ADDRESS **5090 TAMARIN RIDGE DR**
CITY-ST-ZIP **NAPLES FL**

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

TITLE **DS** ☐ **Delete**
NAME **GOODMAN, KENNETH D.**
STREET ADDRESS **6622 NEW HAVEN CIRCLE**
CITY-ST-ZIP **NAPLES FL**

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

TITLE **DT** ☐ **Delete**
NAME **OSBORNE, LARRY D.**
STREET ADDRESS **5061 SYCAMORE DR**
CITY-ST-ZIP **NAPLES FL**

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

TITLE **DP** ☐ **Delete**
NAME **TALBOTT, PATRICK E.**
STREET ADDRESS **1611 LINDBERGH AVENUE**
CITY-ST-ZIP **LAKE PLACID FL**

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

TITLE **DVP** ☐ **Delete**
NAME **MCDONALD, LARRY**
STREET ADDRESS **3791 4TH AVE. NE**
CITY-ST-ZIP **NAPLES FL**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/02 941-254-8161

CR2E034 (9/01)