2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016085

1. Entity Name

NICK SYSTEM, LLC

FILED

01 JUL -5 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
FREDERICK E. NICK 5637 FOREST HAVEN #101 TAMPA FL 33615	FREDERICK E. NICK 5637 FOREST HAVEN #101 TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Same	P.O. Box 595
Suite, Apt. #, etc.	Suite, Apt. #, etc. Oldsmar
City & State	City & State FL
Zip / Country	Zip 34677 Country Hills borough

4. FEI Number 59-3686341 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRABLE, DOUGLAS L 130 N. HIGH STREET LAKE MARY FL 32746	Name Frederick E. Nick Street Address (P.O. Box Number is Not Acceptable) 5637 Forest Haven #101 City Tampa FL Zip Code 33615

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 Frederick E. Nick [signature] 6-29-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR NICK, FREDERICK E 5637 FOREST HAVEN CR., STE 101 TAMPA FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000004474880--4
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	07/13/01 01083 015 ****55.00 ****55.00 ☐ Change ☐ Addition
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STAPLE CHECK HERE

CR2E083 (5/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED [signature] 6-29-01 813 882-0464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #