

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90004 019 *****50.00

0038047

DOCUMENT # L02000024811

1. Entity Name

NICI & COX, LLC



Principal Place of Business

**3001 TAMiami TRAIL NORTH STE. 100
NAPLES FL 34103**

Mailing Address

**3001 TAMiami TRAIL NORTH STE. 100
NAPLES FL 34103**

2. Principal Place of Business

1185 Immokalee Rd.

3. Mailing Address

1185 Immokalee Rd.

Suite, Apt. #, etc.

Suite 110

Suite, Apt. #, etc.

Suite 110

City & State

Naples, FL

City & State

Naples, FL

Zip

34110

Country

Zip

34110

Country

4. FEI Number

61-1427048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**NICI, JAMES R
3001 TAMiami TRAIL NORTH STE. 100
NAPLES FL 34103**

7. Name and Address of New Registered Agent

**James R. Nici, c/o Cox & Nici
1185 Immokalee Road, Suite 110
Naples, FL 34110**

City

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 or to a new familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

James R. Nici

2/24/03

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, James R. Nici 1185 Immokalee Rd., Ste 110 Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, Joe B. Cox 1185 Immokalee Rd., Ste 110 Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

James R. Nici Manager

2/24/03 239/659-4425

Date

Daytime Phone #

CR2E083 (10/02)