

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90323 037 \*\*\*150.00

0076480

DOCUMENT # L30776✓

1. Entity Name

~~JUN FLEXIBLE STAFFING, INC.~~, now known as N/c 1/10/01  
**THE NICOLASI COMPANY** (TM)

Principal Place of Business

775 KERRY DOWNS CR  
 MELBOURNE FL 32940  
 US

Mailing Address

1825 S RIVERVIEW DR  
 MELBOURNE FL 32901  
 US

00025014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1825 Riverview Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Melbourne, FL

4. FEI Number

59-2982892

Applied For

Not Applicable

Zip

Country

Zip

Country

32901

USA

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

JAMES L. REINMAN  
 1825 SO RIVERVIEW DR  
 MELBOURNE FL 32901

Name

Street Address (P.O. Box Number is Not Acceptable)  
 1825 Riverview Drive

City

FL

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 of Florida.

SIGNATURE

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, 2001 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 PD ☐ Delete  
 NAME NICOLASI, JOSEPH J.  
 STREET ADDRESS 775 KERRY DOWNS CIRCLE  
 CITY-ST-ZIP MELBOURNE FL 32940

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Joseph J. Nicolasi*

JOSEPH J. NICOLASI

3/5/01 (321) 255-9862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)