## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 11, 2002 8:00 am § Secretary of State **DOCUMENT #** L85621 1. Entity Name 03-11-2002 90020 016 \*\*\*150.00 NICE STUFF, INC. Mailing Address Principal Place of Business 20 E BROADWAY 20 E BROADWAY OVIEDO FL 32765-7528 OVIEDO FL 32765-7528 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3017794 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRADDOCK, HUGH H JR Street Address (P.O. Box Number is Not Acceptable) 612 VALLEY STREAM DRIVE GENEVA FL 32732 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME CRADDOCK, JACQUELYN B NAME 612 VALLEY STREAM DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP **GENEVA FL** TITLE Change ☐ Addition Delete TITLE D NAME CRADDOCK, HUGH H JR MAME STREET ADDRESS STREET ADDRESS 612 VALLEY STREAM DRIVE CITY-ST-ZIP CITY-ST-ZIP GENEVA FL Change - Addition Delete T TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**FILED** 

<u>407-366-3840</u>