

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 22, 2001 8:00 am  
Secretary of State

02-22-2001 90003 020 \*\*\*150.00

0373436

DOCUMENT # P00000021551

1. Entity Name

NICKMARK CORPORATION

Principal Place of Business

Mailing Address

8640 SEMINOLE BLVD.  
SEMINOLE FL 33772

~~8640 SEMINOLE BLVD.~~  
~~SEMINOLE FL 33772~~

5 CHILTERN CLOSE  
CHESLYN-HAY WALSALL  
WEST MIDLANDS, ENGLAND WS6-7PJ

2. Principal Place of Business

3. Mailing Address

5 Chiltern Close

Suite, Apt., #, etc.

Suite, Apt., #, etc.

Cheslyn-Hay Walsall



DO NOT WRITE IN THIS SPACE

City & State

City & State

West Midlands

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

WS6-7PJ

England

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

HOFSTRA, PETER T  
8640 SEMINOLE BLVD.  
SEMINOLE FL 33772

Name

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

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 ☐ Delete  
NAME ROSE, CHRISTOPHER T  
STREET ADDRESS 5 CHILTERN CLOSE CHESLYN-HAY WALSALL  
CITY-ST-ZIP WEST MIDLANDS, ENGLAND WS6-7PJ

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

TITLE ☐ Delete  
NAME ROSE, E. MARGARET  
STREET ADDRESS 5 CHILTERN CLOSE CHESLYN-HAY WALSALL  
CITY-ST-ZIP WEST MIDLANDS, ENGLAND WS6-7PJ

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  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER T. ROSE

Date

2/13/2001

Daytime Phone #

CR2E034 (10/00)