

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

05-25-2001 90289 014 \*\*\*150.00

**DOCUMENT # P00000025560**

1. Entity Name

D. N. NICHOLS INC.

Principal Place of Business

509 POINCIANA CT  
 NAPLES, FL 34110

Mailing Address

509 POINCIANA CT  
 NAPLES, FL 34110

2. Principal Place of Business

509 POINCIANA CT

3. Mailing Address

509 POINCIANA CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

59-3632165

Applied For

Not Applicable

Zip

34110

Country

USA

Zip

34110

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

DUANE N NICHOLS  
 509 POINCIANA CT  
 NAPLES, FL 34110

7. Name and Address of New Registered Agent

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) ☒

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DUANE N NICHOLS 509 POINCIANA CT NAPLES, FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Duane N. Nichols DUANE N. NICHOLS 5/21/01 (941) 591-0629  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

MAY 21, 2001

Attachment  
P00000025560  
771637

UNIFORM BUSINESS REPORT  
DIVISION OF CORPORATIONS  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500

RE: D N NICHOLS INC #P00000025560

IN REVIEWING VARIOUS FILING REQUIREMENTS FOR OUR CORPORATION OUR ACCOUNTANT ASKED ABOUT THE ANNUAL CORPORATE REPORT. I WAS UNAWARE OF THIS REPORT AND AFTER LOOKING THROUGH OUR FILES IT APPEARS THAT WE DID NOT RECEIVE THE MAILING. I WAS ADVISED TO CALL THE DEPARTMENT WHICH I DID. THE PERSON I SPOKE WITH SAID TO ORDER A COPY OF THE REPORT, FILE IT WITH THE FEE OF 150.00 AND SEND A LETTER EXPLAINING THE SITUATION.

ENCLOSED PLEASE FIND A COPY WE DOWNLOADED FROM YOUR WEBSITE AND OUR CHECK.

WE ASK THE DEPARTMENT TO WAIVE THE ADDITIONAL FEE FOR LATE FILING AS IT WAS NOT OUR INTENTION TO NOT FILE ON TIME.

THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER.

SINCERELY,



DUANE N NICHOLS, PRESIDENT  
D N NICHOLS INC  
509 POINCIANA CT  
NAPLES, FL 34110  
(941) 591-0629