

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90030 006 ***150.00

DOCUMENT # P00000027289

1. Entity Name

NICKERSON CONSTRUCTION SERVICES, INC.

Principal Place of Business

~~6651 SW 26TH STREET~~

~~MIRAMAR FL 33023~~

2510 SW 140TH AVE
 MIAMI FL. 33175

Mailing Address

~~6651 SW 26TH STREET~~

~~MIRAMAR FL 33023~~

2510 SW 140TH AVE
 MIAMI FL. 33175

2. Principal Place of Business

2510 SW 140TH AVE

3. Mailing Address

2510 SW 140TH AVE

Suite, Apt. #, etc.:

Suite, Apt. #, etc.:

City & State,

MIAMI FL.

City & State

MIAMI FL.

4. FEI Number

65-0993997

Applied For

Not Applicable

Zip

33175

Country

DADE

Zip

33175

Country

DADE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NICKERSON, MARK

~~6651 SW 26TH STREET~~

~~MIRAMAR FL 33023~~

2510 SW 140TH AVE
 MIAMI FLORIDA 33175

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE **PD** ☐ Delete
 NAME **NICKERSON, MARK**
 STREET ADDRESS **6651 SW 26TH STREET**
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **D** ☒ Delete
 NAME **SKEAN, TOM**
 STREET ADDRESS **2200 CALAIS DRIVE**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

[Signature]

1/28/02 (305) 577-0840

CR2E034 (9/01)