FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90135 009 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049837

1. Entity Name
JOHN NICOLE, INC.

11010392

Principal Place of Business	Mailing Address
478 MICKLETON LOOP OCOEE, FL 34761	478 MICKLETON LOOP OCOEE, FL 34761

2. Principal Place of Business		3. Mailing Address	
508 LAURENBURG LANE		508 LAURENBURG LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: OCOEE, FLORIDA		City & State: OCOEE, FLORIDA	
Zip: 34761	Country: USA	Zip: 34761	Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3649375 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

DULIN, RAMSEY W
201 E PINE ST, SUITE 425
ORLANDO, FL 32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee Will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	OF	☐ Delete	TITLE	OFFICER	☒ Change ☐ Addition
NAME	SULLIVAN, JOHN L		NAME	JOHN L. SULLIVAN	
STREET ADDRESS	478 MICKLETON LOOP		STREET ADDRESS	508 LAURENBURG LANE	
CITY-ST-ZIP	OCOEE, FL 34761		CITY-ST-ZIP	OCOEE, FLORIDA 34761	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/15/03 (407)855-9996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #