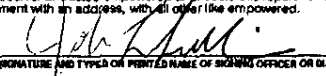


FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90135 009 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000049837		
1. Entity Name JOHN NICOLE, INC.		
Principal Place of Business 478 MICKLETON LOOP OCFEE, FL 34761		Mailing Address 478 MICKLETON LOOP OCFEE, FL 34761
2. Principal Place of Business 508 LAURENBURG LANE		3. Mailing Address 508 LAURENBURG LANE
City & State OCFEE, FLORIDA		City & State OCFEE, FLORIDA
Zip 34761		Country USA
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 426 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, hand or printed name of registered agent and date if applicable. (DO NOT Registered Agent signature required when changing))		
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 NAME STREET ADDRESS CITY-ST-ZIP OF SULLIVAN, JOHN L 478 MICKLETON LOOP OCFEE, FL 34761		TITLE NAME STREET ADDRESS CITY-ST-ZIP OFFICER JOHN L. SULLIVAN 508 LAURENBURG LANE OCFEE, FLORIDA 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: 		4/15/03 (407) 855-9996