

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90180 017 ***550.00

DOCUMENT # P00000099217

1. Entity Name
NICOLE MICHELLE MATERNITY, INC.

Principal Place of Business

Mailing Address

643 WOODBRIDGE DR
 MELBOURNE FL 32940

643 WOODBRIDGE DR
 MELBOURNE FL 32940



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1980 N. Atlantic Ave

643 Woodbridge Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#710

City & State

City & State

Cocoa Beach, FL

Melbourne FL 32940

Zip

Country

Zip

Country

32931

USA

4. FEI Number

59-3409217

Applied For

Not Applicable

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

DAVLTON, NICOLE
 2420 SW 7TH AVE
 Ocala FL 34474

Name

Nicole Daulton

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 _____
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/3/02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	DAVLTON, NICOLE	
STREET ADDRESS	2420 SW 7TH AVE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	GARCIA, FREDDIE JR	
STREET ADDRESS	643 WOODBRIDGE DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVLTON, NICOLE	
STREET ADDRESS	643 Woodbridge Dr	
CITY-ST-ZIP	Melbourne, FL 32940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

7/3/02

321-868-0755
 Daytime Phone #

CR2E034 (4/02)