

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90004 026 ***150.00

DOCUMENT # P00000099217

1. Entity Name
NICOLE MICHELLE MATERNITY, INC.



Principal Place of Business
**1980 N ATLANTIC AVE
#110
COCOA BEACH FL 32931**

Mailing Address
**643 WOODBRIDGE DR
MELBOURNE FL 32940**

70000190



2. Principal Place of Business

428 Indian Rocks Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Largo, Florida

City & State

Zip

33710

Country

USA

Country

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

**DAULTON, NICOLE
2420 SW 7TH AVE
OCALA FL 34474**

7. Name and Address of New Registered Agent

Name

Nicole Daulton

Street Address (P.O. Box Number is Not Acceptable)

643 Woodbridge Drive

City

Melbourne

FL

Zip Code

32940

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)

1/3/03
DATE

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

TITLE **PD** ☐ Delete
NAME **DAULTON, NICOLE**
STREET ADDRESS **643 WOODBRIDGE DR**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **DVT** ☐ Delete
NAME **GARCIA, FREDDIE JR**
STREET ADDRESS **643 WOODBRIDGE DR**
CITY-ST-ZIP **MELBOURNE FL 32940**

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

11. 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
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TITLE ☐ Change ☐ Addition
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)(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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Nicole Daulton

1/3/03

727-588-0964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10/02)