

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

FILED

03 OCT -7 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000115973

1. Entity Name

Nico, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9155 Commercial Way

Suite, Apt. #, etc.

3. Mailing Address

9155 Commercial Way

Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Brooksville, FL

Zip

34613

Country

U.S.A.

Zip

34613

Country

U.S.A.

4. FEI Number

59-3699391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Larry Gonzales

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

2739 U.S. Hwy 19 Ste. 223

City

Holiday

FL

Zip Code

34691

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)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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	Director / President
NAME	Carmine Benedetti
STREET ADDRESS	9155 Commercial Way
CITY-ST-ZIP	Brooksville, FL 34613
TITLE	Secretary / Treasurer
NAME	Joy Benedetti
STREET ADDRESS	9155 Commercial Way
CITY-ST-ZIP	Brooksville, FL 34613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

Joy Benedetti, sec./treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-597-5770

CR2E034B (12/02)

21 10/9

To Whom It May Concern,

Please excuse the delinquency of this report, as we never recieved the notification & paper work to fill the report, as in years past.

As instructed by your office, we downloaded the form and are sending the \$150 filing fee and explanation in writing.

Thank you for your cooperation.

Jerry Benealiti sec./tres.

Nico, Inc.