04-21-2003 91213 036 ***150.00

P01000062219

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 23 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11005250

DOCUMENT # P01000062219

1. Entity Name

NICK NACK HEAVEN, INC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1582 Hardwicke St NW	
Suite, Apt. #, etc.	Suite, Apt. #, etc. SAME
City & State: Palm Bay, FL.	City & State
Zip: 32907 Country: USA	Zip Country

4. FEI Number: 65-1115639 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: LAURA L. NICK

Street Address (P.O. Box Number is Not Acceptable): 1582 Hardwicke St NW

City: Palm Bay FL Zip Code: 32907

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)

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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	PD
NAME	LAURA L. NICK
STREET ADDRESS	1582 Hardwicke St. NW
CITY-ST-ZIP	Palm Bay, FL. 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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

SIGNATURE: Laura L. Nick President 4/16/03 321-676-3249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #