


FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT #	P06000005819
1. Entity Name	
KATHLEEN NYCEL'S AR'S INC.	

FILED

08 MAR 18 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600120758046
03/19/08--01040--002 **295.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1297 ALSTER AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
SPRING HILL, FL	
Zip	Country
34609	

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
22-3919884	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
KATHLEEN NYCELL
Street Address (P.O. Box Number is Not Acceptable)
1297 ALSTER AVE
City
SPRING HILL
FL
Zip Code
34609

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 \$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	PRESIDENT
NAME	KATHLEEN NYCELL
STREET ADDRESS	1297 ALSTER AVE
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

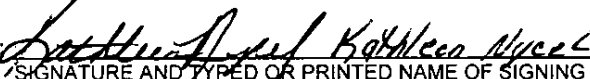
11.

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-08

Date

352 684-3870

Daytime Phone #