

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P25973**

1. Entity Name

M. R. NICKERSON, INC.**FILED**
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90077 045 ***150.00

060596

Principal Place of Business 9750 NELSON RD DADE CITY FL 33525 US	Mailing Address 335 GRENDALL RD MAPLETON ME 04757 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0264733	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****NICKERSON, MERLE R.
9750 NELSON RD
DADE CITY FL 33525****7. Name and Address of New Registered Agent**

Name	
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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE	C	<input type="checkbox"/> Delete
NAME	PUTNAM, ROXANNE N	
STREET ADDRESS	335 GRENDALL RD	
CITY-ST-ZIP	MAPLETON ME 04757	
TITLE	VST	<input type="checkbox"/> Delete
NAME	NICKERSON, LOIS P.	
STREET ADDRESS	9750 NELSON RD	
CITY-ST-ZIP	DADE CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICKERSON, LOIS P.	
STREET ADDRESS	9750 NELSON RD	
CITY-ST-ZIP	DADE CITY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NICKERSON, MERLE R	
STREET ADDRESS	9750 NELSON RD	
CITY-ST-ZIP	DADE CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: *Lois P. Nickerson* **Lois P. Nickerson V. Pres.** **3/20/01** **352-567-0935**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)