

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90148 008 ***150.00

DOCUMENT # P93000031972

1. Entity Name
MISS NICOLE, INC.

Principal Place of Business 731 PINE VALE DRIVE NAPLES FL 33942	Mailing Address 731 PINE VALE DRIVE NAPLES FL 34104-5436
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0403636** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, JOHNNIE K
731 PINE VALE DRIVE
NAPLES FL 33942

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 *Gwendolyn Brown* DATE 4/30/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, JOHNNIE K STREET ADDRESS 731 PINE VALE DRIVE CITY-ST-ZIP NAPLES FL 33942	<input type="checkbox"/>	NAME BROWN, JOHNNIE K STREET ADDRESS 731 PINE VALE DRIVE CITY-ST-ZIP NAPLES FL 33942	<input type="checkbox"/>
NAME BROWN, GWENDOLYN STREET ADDRESS 731 PINE VALE DRIVE CITY-ST-ZIP NAPLES FL 33942	<input type="checkbox"/>	NAME BROWN, GWENDOLYN STREET ADDRESS 731 PINE VALE DRIVE CITY-ST-ZIP NAPLES FL 33942	<input type="checkbox"/>
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>

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: *Gwendolyn Brown* DATE 4/30/00 DAYTIME PHONE # 455-6545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)