

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90006 045 ***550.00

DOCUMENT # P93000052319

1. Entity Name

NICHOLS ASSOCIATES OF PONTE VEDRA, INC.

Principal Place of Business

Mailing Address

156 PLANTATION CIRCLE S.
 PONTE VEDRA FL 32082
 US

156 PLANTATION CIRCLE S.
 PONTE VEDRA FL 32082-3930
 US

2. Principal Place of Business

3. Mailing Address

109 SEVEN IRON CT
 Suite, Apt. #, etc.

109 SEVEN IRON CT
 Suite, Apt. #, etc.

City & State
 PONTE VEDRA FL
 Zip
 32082
 Country
 ST JOHNS

City & State
 PONTE VEDRA FL
 Zip
 32082
 Country
 ST JOHNS

4. FEI Number **59-3193609**

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

WALKER, JAMES V
 217 PONTE VEDRA PARK DRIVE
 SUITE 200
 PONTE VEDRA BEACH FL 32082

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, 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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|-------------------------|------------------------------|----------------------------------|--------------------------|
| | P | | | <input type="checkbox"/> |
| | NICHOLS, ROGER C | 156 PLANTATION CIR S. | PONTE VEDRA BCH. FL 32082 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|------|--------------------------|-----------------------------|-------------------------------------|--------------------------|
| | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | 109 SEVEN IRON CT | PONTE VEDRA FL 32082 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <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:

Roger C Nichols
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/01

Date

904-273-0621

Daytime Phone #

CR2E034 (9/99)