

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000065331****1. Entity Name**  
**DOUBLE NICHOL PUB, INC.****Principal Place of Business**  
**3051 STRING FELLOW RD.**  
**ST. JAMES CITY FL 33956**  
**US****Mailing Address**  
**P.O. BOX 514**  
**ST. JAMES CITY FL 33956**  
**US****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** **65-0440008**

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****NICHOLS, DAVID J**  
**2131 OLEANDER ST.**  
**ST. JAMES CITY FL 33956**

Name

Street Address (P.O. Box Number is Not Acceptable)

**2960 Buttonwood Key**  
City **St James City FL** Zip Code **33956****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 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	<input type="checkbox"/> Delete
P	NICHOLS, DAVID J	2960 BUTTONWOOD KEY	ST. JAMES FL	<input type="checkbox"/>
S	NICHOLS, NICOLE	2960 BUTTONWOOD KEY	ST. JAMES FL	<input type="checkbox"/>
P	NICHOLS DAVID J.	2960 BUTTONWOOD KEY	ST. JAMES FL	<input checked="" type="checkbox"/>
S	NICHOLS NICOLE	2960 BUTTONWILLD KEY	ST. JAMES FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)