## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## Feb 01, 2002 8:00 am DOCUMENT # P94000033647 **Secretary of State** 1. Entity Name 02-01-2002 90048 014 \*\*\*150.00 NICHOLAS GROUP ENTERPRISES, INC. Principal Place of Business Mailing Address 255 FOREST LAKES BLVD N 2305 SAN JOSE CIR **TAMPA FL 33629** OLDSMAR FL 34677 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-3266711 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLASKAY, NICHOLAS Street Address (P.O. Box Number is Not Acceptable 5405 CYPRESS CENTER DRIVE STE 290 •TAMPA FL 33609-1024 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 pplicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME FLASKAY, NICHOLAS STREET ADDRESS STREET ADDRESS 5405 CYPRESS CENTER DR., STE 290 CITY-ST-ZIP CITY-ST-ZIE Tampa Fl ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP De lete TITLE ~ - Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attachi ent with an address with all other like empowered.

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FRICER OR DIRECTOR

OR PRINTED NAME OF SIGNING

FILED

Daytime Phone #