

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90112 028 \*\*\*150.00

**DOCUMENT # P95000010442**

1. Entity Name  
**NICINAP CORPORATION**



Principal Place of Business  
**1501 DECKER AVE  
UNIT 114  
STUART FL 34994**

Mailing Address  
**1501 DECKER AVE  
UNIT 114  
STUART FL 34994**



2. Principal Place of Business  
**1810 Wandering Way Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1810 Wandering Way Dr.**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Charlotte, NC**  
Zip  
**28226** Country  
**USA**

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**Charlotte, NC**  
Zip  
**28226** Country  
**USA**

4. FEI Number **65-0553206**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PAULEY, JULIA A  
1501 DECKER AVE  
UNIT 114  
STUART FL 34994**

**7. Name and Address of New Registered Agent**

Name **Julia A. Pauley**  
Street Address (P.O. Box Number is Not Acceptable)  
**2188 Bradford Place**  
City **Palm City** **FL** Zip Code **34990**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Same Registered Agent - only new Address**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAULEY, K. D. 2188 SW BRADFORD PL PALM CITY FL 34994 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAULEY, APRIL L 508 COLEMAN BRIDGE RD. AIKEN SC 29801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEONE, NICHOLAS D 1810 WANDERING WAY DR. CHARLOTTE NC 08226 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEONE, CYNTHIA L 1810 WANDERING WAY DR. CHARLOTTE NC 08226 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

12. 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 10 or Block 11 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**  
**NICHOLAS D LEONE**

Date

Daytime Phone #

CR2E034 (10/02)