

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91166 034 ***150.00

IN 6181020

DOCUMENT # P95000016543

1. Entity Name

NICHOLAS FINANCIAL SERVICES, INC.



Principal Place of Business

~~20300 U.S. 19 NORTH~~
~~SUITE 200~~
~~CLEARWATER FL 34621~~

Mailing Address

~~20300 U.S. 19 NORTH~~
~~SUITE 200~~
~~CLEARWATER FL 34621~~

2. Principal Place of Business

3895 Tampa Road
Suite, Apt. #, etc.

3. Mailing Address

PO Box 1859
Suite, Apt. #, etc.

City & State
Oldsmar, FL

Zip
34677

Country
US

City & State
Oldsmar, FL

Zip
34677-1859

Country
USA

4. FEI Number

59-3302204

Applied For

Not Applicable

5. Certificate of Status Desired ☐ -

\$8.75 - Additional
Fee Required

6. Name and Address of Current Registered Agent

DIANA, NICHOLAS
~~20300 U.S. 19 N.~~
~~STE 200~~
~~CLEARWATER FL 34621~~

7. Name and Address of New Registered Agent

Name

168 Rue Des Chateaux

City
Tarpon Springs

FL

Zip Code
34688

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

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
VD
DIANA, NICHOLAS
168 RUE DES CHATEAUX
TARPOON SPRINGS FL 34689

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DIANA, MICHAEL
~~168 RUE DES CHATEAUX~~
~~TARPOON SPRINGS FL 34689~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHIAVO, KIMBERLY
357 VENTURA DRIVE
OLDSMAR FL 34677

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HEINS, REBECCA
~~560 HOLLOW RIDGE ROAD~~
~~PALM HARBOR FL 34683~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
828 Park Court
Palm Harbor, FL 34683
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
571 Longwood Circle
Oldsmar, FL 34677
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

813-864-3434

Daytime Phone #

CR2E034 (10/02)