

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
 01-30-2001 90109 013 ***150.00

DOCUMENT # P95000031708

1. Entity Name
NICK'S OF NORTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

C-30-A
BLUE MOUNTAIN BEACH
SANTA ROSE BEACH FL 32459

POST OFFICE BOX 1607
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3366279**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NICK, FRANK A JR
200 12 OAKS LN
FREESPORT FL 32439

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
 NAME **NICK, FRANK A JR**
 STREET ADDRESS **200 12 OAKS LN**
 CITY-ST-ZIP **FREESPORT FL 32439**

TITLE **VP** ☐ Delete
 NAME **NICK, BONNIE W**
 STREET ADDRESS **200 12 OAKS LN**
 CITY-ST-ZIP **FREESPORT FL 32439**

TITLE **S** ☐ Delete
 NAME **NICK, CHARLES CAREY**
 STREET ADDRESS **200 W OAKS LN**
 CITY-ST-ZIP **FREESPORT FL 32439**

TITLE **T** ☐ Delete
 NAME **NICK, FRANK A III**
 STREET ADDRESS **200 12 OAKS LN**
 CITY-ST-ZIP **FREESPORT FL 32439**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Bonnie W. Nick **Bonnie W. Nick**

01/20/01 (850)267-2117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)