

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90039 024 ***150.00

DOCUMENT # **P95000031708**

1. Entity Name
Nick's of Northwest Florida, Inc.
dba Nick's On The Beach

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2210 W. City Hwy 30A
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1607
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Santa Rosa Beach, FL

Zip
32459

Country
Walton

City & State
Santa Rosa Beach, FL

Zip
32459

Country
Walton

4. FEI Number

59-3366279

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Frank A. Nick Jr.

Street Address (P.O. Box Number is Not Acceptable)
200 Twelve Oaks Lane

City
Freeport, Florida FL Zip Code
32439

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	President Frank A. Nick Jr. 200 Twelve Oaks Lane Freeport, FL 32439
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Bonnie W. Nick 200 Twelve Oaks Lane Freeport, Florida 32439
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Frank A. Nick III 200 Twelve Oaks Lane Freeport, Florida 32439
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Charles Carey Nick 200 Twelve Oaks Lane Freeport, Florida 32439
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IN THIS SPACE**

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 in an attachment with an address, with all other like empowered.

SIGNATURE: **Bonnie W. Nick** **Bonnie W. Nick** 4/28/02 (850) 267-2117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)