

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90175 032 \*\*\*150.00

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**DOCUMENT # P95000037479**

1. Entity Name  
**REX NICHOLS ARCHITECT, P.A.**



Principal Place of Business  
**2499 GLADES RD #112**  
**BOCA RATON FL 33431**  
**US**

Mailing Address  
**2499 GLADES RD #112**  
**BOCA RATON FL 33431**  
**US**

2. Principal Place of Business

**798 S FEL Hwy**  
Suite, Apt. #, etc.  
**150**

City & State  
**Boca Raton**

Zip Country  
**33432 USA**

3. Mailing Address

**798 S. FEL Hwy**  
Suite, Apt. #, etc.  
**150**

City & State  
**Boca Raton**

Zip Country  
**33432 USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0572079**

Applied For  
Not Applicable

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

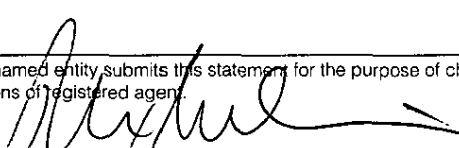
6. Name and Address of Current Registered Agent

**NICHOLS, REX**  
**-2499 GLADES RD #112-**  
**-BOCA RATON FL 33431-**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**798 S FEDERAL Hwy #150**  
City **Boca Raton** FL Zip Code **33432**

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

**5/23/03**

**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 **P** ☐ Delete  
NAME **NICHOLS, REX**  
STREET ADDRESS **2499 GLADES RD, STE 112**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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

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

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CITY-ST-ZIP

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

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

**1407 23, 03**

Date

(561) 3489445  
(561) 3489445  
Daytime Phone #

CR2E034 (10/02)