

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000063067

1. Entity Name
NIX AUTOS, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90077 035 ***150.00

Principal Place of Business

879 N.E. DIXIE HWY.
BAY 7
JENSEN BEACH FL 34957

Mailing Address

16138 E EPSON DR
LOXANATCHEE 33470-4107
US

2. Principal Place of Business

3. Mailing Address

1540 SW 65 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton FL

Zip

Country

Zip

Country

33428

Palm Bch

4. FEI Number

65-0609435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NIX, RICKI
879 NE DIXIE HIGHWAY BAY NO. 7
JENSEN BEACH FL 34957

Name

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

City

FL

Zip Code

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NIX, RICKI 16138 E EPSON DRIVE LOXAHATCHEE FL 33470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NIX, MICHAEL 16138 E EPSON DRIVE LOXAHATCHEE FL 33470	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/00 (561) 792-2399