

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90106 034 \*\*\*150.00

**DOCUMENT # P95000063067**

1. Entity Name  
**NIX AUTOS, INC.**

Principal Place of Business

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

Mailing Address

**152 GALAM ST.  
 ROYAL PALM BEACH FL 33411  
 US**

2. Principal Place of Business

3. Mailing Address

**17607 Valencia Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Loxahatchee Fla**

Zip

Country

Zip

Country

**33470**

**Palm Bch**

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, 2002 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 **P** ☐ Delete  
 NAME **NIX, RICKI**  
 STREET ADDRESS **16138 E EPSON DRIVE**  
 CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **17607 Valencia Blvd**  
 CITY-ST-ZIP **Loxahatchee FL 33470**

TITLE **VP** ☐ Delete  
 NAME **NIX, MICHAEL**  
 STREET ADDRESS **16138 E EPSON DRIVE**  
 CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **17607 Valencia Blvd**  
 CITY-ST-ZIP **Loxahatchee FL 33470**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 #

**4/5/02 (501) 248 1253**

CR2E034 (9/01)