

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90041 036 ***150.00

DOCUMENT # P96000064325

1. Entity Name
NICHOLS ROOFING CO., INC.

Principal Place of Business Mailing Address
3132 WINSTEAD COVE **3132 WINSTEAD COVE**
CRESTVIEW FL 32539 **CRESTVIEW FL 32539**
US **US**

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 **59-3397420** 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

NICHOLS, LARRY
6288 POSSUM RIDGE ROAD
CRESTVIEW FL 32539

Name Nichols, Larry
 Street Address (P.O. Box Number is Not Acceptable)
3132 Winstead Cove
 City Crestview FL Zip Code 32539

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 Larry Nichols Larry Nichols President 3-19-01
 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 ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **NICHOLS, LARRY**
 STREET ADDRESS **6288 POSSUM RIDGE ROAD**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **m** ☐ Change ☒ Addition
 NAME **Larry Dean Nichols**
 STREET ADDRESS **3132 Winstead Cove**
 CITY-ST-ZIP **Crestview Fla. 32539**

TITLE **D** ☐ Delete
 NAME **WHITE, STEVEN E**
 STREET ADDRESS **588 EAST PINE**
 CITY-ST-ZIP **CRESTVIEW FL 32536**

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

TITLE ☐ Delete
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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: Larry Nichols Larry Nichols President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-01 850-682-7046
 Date Daytime Phone #

CR2E034 (10/00)