

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90148 014 ***158.75

0000152
AV

DOCUMENT # P96000064325

1. Entity Name
NICHOLS ROOFING CO., INC.



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

Mailing Address
**3132 WINSTEAD COVE
CRESTVIEW FL 32539
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NICHOLS, LARRY
3132 WINSTEAD COVE
CRESTVIEW FL 32539**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NICHOLS, LARRY	
STREET ADDRESS	6288 POSSUM RIDGE ROAD	<i>← Old Address</i>
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, STEVEN E	
STREET ADDRESS	588 EAST PINE	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	M	<input type="checkbox"/> Delete
NAME	NICHOLS, LARRY DON	
STREET ADDRESS	3132 WINSTEAD COVE	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	S	<input type="checkbox"/> Delete
NAME	NICHOLS, LARRY	
STREET ADDRESS	3132 WINSTEAD COVE	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Nichols, Larry</i>	
STREET ADDRESS	<i>3132 Winstead Cove</i>	
CITY-ST-ZIP	<i>Crestview Fla. 32539</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: LARRY NICHOLS President **3-6-03** **850-682-7046**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)