

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000075092**

1. Entity Name

NICOLE'S GIFTS, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

07-24-2000 90007 040 ***158.75
09-18-2000 90006 045 ***391.25

Principal Place of Business

Mailing Address

216 KELSEY LANE
TAMPA FL 33619
US

216 KELSEY LANE
TAMPA, FL 33619
US

2. Principal Place of Business

216 KELSEY LANE
Suite, Apt. #, etc.

3. Mailing Address

216 KELSEY LANE
Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33619

Country

U.S.

Zip

33619

Country

U.S.

4. FEI Number

59-3398986

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RODRIGUEZ, MICHAEL E.
216 KELSEY LANE
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name **RODRIGUEZ MICHAEL E**
Street Address (P.O. Box Number is Not Acceptable)
5108 W. HANNA AVE
City **TAMPA** FL **33619**

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.

MICHAEL E. RODRIGUEZ

(NOTE: Registered Agent signature required when reinstating)

07/11/00

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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MICHAEL E.	
STREET ADDRESS	1556 PATRICIA AVE.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	UTD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ JOSEPH E	
STREET ADDRESS	17122 LONGACRE LN.	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ M.	
STREET ADDRESS	1556 PATRICIA AVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	UTD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ JOSEPH E	
STREET ADDRESS	17122 LONGACRE LN	
CITY-ST-ZIP	ODESSA FL 33556	
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		

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 #

CR2E034 (9/99)