

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90063 039 ***150.00

0350940

DOCUMENT # P96000075097

1. Entity Name
NICOLE'S GIFTS INC.

Principal Place of Business

216 KELSEY LANE
 TAMPA FL 33619
 US

Mailing Address

216 KELSEY LANE
 TAMPA FL 33619
 US

2. Principal Place of Business

20505 US HWY 19 N

3. Mailing Address

20505 US HWY 19 N

Suite, Apt. #, etc.

Suite 162

Suite, Apt. #, etc.

Suite 162

City & State

Clearwater, Florida

City & State

Clearwater, Florida

Zip

33764

Country

USA

Zip

33764

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3398986

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, MICHAEL
5108 W HANNA AVE
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name **Michael E. Rodriguez**
 Street Address (R.O. Box Number is Not Acceptable) **20505 US HWY 19 North**
Clearwater, Florida - Suite 162
 City **Clearwater, Florida** FL Zip Code **33764**

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

Michael E. Rodriguez Pres **Michael E. Rodriguez** **04/02/01**

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
 NAME **RODRIGUEZ, M**
 STREET ADDRESS **1556 PATRICIA AVE**
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **VTD** ☒ Delete
 NAME **RODRIGUEZ, JOSEPH E**
 STREET ADDRESS **17122 LONGACRE LN**
 CITY-ST-ZIP **DESSA FL 33556**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Michael E. Rodriguez Pres **Michael E. Rodriguez** **04/02/01** **(727) 521-5219**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)