

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080379

1. Entity Name

NICKEL SOFTWARE, INC.

Principal Place of Business

Mailing Address

4644 GANDY BLVD
SUITE 1
TAMPA FL 33611
US

1841 WEEKEND LANE
ODESSA FL 33611-3300

2. Principal Place of Business

3. Mailing Address

4644 Gandy Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 1

City & State

City & State

Tampa FL

Zip

Country

Zip 33611

Country US

6. Name and Address of Current Registered Agent

GLASS, LESLIE
1841 WEEKEND LANE
ODESSA FL 33556

Address
change
only

7. Name and Address of New Registered Agent

Name

Glass, Leslie

Street Address (P.O. Box Number is Not Acceptable)

4644 Gandy Blvd
Ste 1

City

TAMPA

FL

Zip Code 33611

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

Leslie A. Glass

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-3-00

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 PSTD
NAME GLASS, LESLIE A
STREET ADDRESS 1841 WEEKEND LANE
CITY-ST-ZIP ODESSA FL 33556 ☐ Delete

TITLE V
NAME GARJOHN, DIANE
STREET ADDRESS 319 N KINGS AVE
CITY-ST-ZIP BRANDON FL 33510 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME Glass, Leslie A
STREET ADDRESS 4644 Gandy Blvd. Ste 1
CITY-ST-ZIP TAMPA FL 33611 ☐ Change ☐ Add
(address only)

TITLE V
NAME BARJOHN, Diane
STREET ADDRESS 319 N. Kings Ave
CITY-ST-ZIP Brandon FL 33510 ☐ Change ☐ Add
(Type on name only)

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

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

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

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

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:

Leslie A. Glass

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-3-00

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90097 017 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3401883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**