

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90014 004 ***150.00

0519452

DOCUMENT # P96000080379

1. Entity Name

NICKEL SOFTWARE, INC.

Principal Place of Business

Mailing Address

4644 GANDY BLVD
 SUITE 1
 TAMPA FL 33611
 US

4644 GANDY BLVD
 SUITE 1
 TAMPA FL 33611
 US

2. Principal Place of Business

3. Mailing Address

5444 BAY Center DR

5444 BAY Center DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste # 204

Ste # 204

City & State

City & State

Tampa FL

Tampa FL

Zip

Country

Zip

Country

33609

USA

33609

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLASS, LESLIE
 4644 GANDY BLVD
 STE 1
 TAMPA FL 33611

Name

Leslie Glass

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

5444 BAY Center DR.
 # 204

City

Tampa

FL

Zip Code

33609

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 G. Glass

3-7-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
 NAME GLASS, LESLIE A
 STREET ADDRESS 4644 GANDY BLVD STE 1
 CITY-ST-ZIP TAMPA FL 33611

TITLE PSTD ☒ Change ☐ Addition
 NAME Glass, Leslie
 STREET ADDRESS 784 82nd Ave North
 CITY-ST-ZIP St. Pete, FL 33704

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Leslie G. Glass

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-01 (813) 281 5699

Date

Daytime Phone #

CR2E034 (10/00)