

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90152 006 ***150.00

DOCUMENT # P97000067603

1. Entity Name
NICHOLS SURF SHOP, INC.

Principal Place of Business
411 FLAGLER AVENUE
NEW SMYRNA BEACH FL 32169-2272

Mailing Address
PO BOX 2272
NEW SMYRNA BEACH FL 32170-2272



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2337439**

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, CHARLES D
411 FLAGLER AVENUE
NEW SMYRNA BEACH FL 32169-2272

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.

SIGNATURE

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, 2002 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 **DP** ☐ Delete
NAME **CARTER, CHARLES D**
STREET ADDRESS **411 FLAGLER AVENUE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169-2272**

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

TITLE **DV** ☒ Delete
NAME **NICHOLS, DAVID W**
STREET ADDRESS **411 FLAGLER AVENUE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169-2272**

TITLE **DV** ☒ Change ☐ Addition
NAME **CARTER, ELISA D.**
STREET ADDRESS **411 Flagler Avenue**
CITY-ST-ZIP **New Smyrna Beach, FL 32169-2272**

TITLE **DST** ☐ Delete
NAME **CARTER, ADELAIDE B**
STREET ADDRESS **1705 DAYTON STREET**
CITY-ST-ZIP **EDGEWATER FL 32132-3514**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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: **President** **4/24/02** **386-427-5050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)