2003 FOR PROFIT CORPORATION

Apr 02, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P97000093112 **DOCUMENT #** 04-02-2003 90071 048 ***150.00 1. Entity Name NICKE BAREFOOT, P.A. Principal Place of Business Mailing Address 5147 N.W. 51ST AVENUE 5147 N.W. 51ST AVENUE COCONUT CREEK FL 33073 COCONUT CREEK FL 33073 3. Mailing Address 2. Principal Place of Business MU 7144 MW 2144 Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Numbe 65-0798843 oconi 1011 Not Applicable Ζίρ \$8.75 Additional Zip 5. Certificate of Status Desired 33873 BROWIND SOU HARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NIOLE ON BAREFOOT, NICKE Street Address PO. Box Number is Not Acceptable) 5147 N.W. 51ST AVENUE w **COCONUT CREEK FL 33073** ocount CLEEK 8. The apove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, (NOTE: Registered Agent signature required when reinstating) typed or printed name of registered agent and type if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Delete TITLE NICKE BAREFOOT, NICKE NAME NAME -7 144 NW 47 LN 5147 N.W. 51ST AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP **COCONUT CREEK FL 33073** CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ Delete TITLE TITLE NAME NAME

12. 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 10 or Block 11 if

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

City-St-7IP

TITLE

NAME STREET ADDRESS

☐ Delete

CR2E034 (10/02)

Addition

☐ Change

FILED