

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018719

1. Entity Name
NICORE FRANCHISE, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90097 001 ***300.00

Principal Place of Business
2302 WEST SWAN
TAMPA FL 33609

Mailing Address
2302 WEST SWAN
TAMPA FL 33634-1318



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4897 W. WATERS AVE
Suite, Apt. #, etc.
Suite J
City & State
TAMPA, FL

3. Mailing Address
4897 W. WATERS AVE.
Suite, Apt. #, etc.
Suite J
City & State
TAMPA, FL

4. FEI Number 59-3500279
Applied For
 Not Applicable

Zip 33634 Country USA
Zip 33634 Country USA

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

6. Name and Address of Current Registered Agent
ROWE, JAMES C
100 2ND AVENUE SOUTH
SUITE 400N
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent
Name LA BARBERA, GIGI
Street Address (P.O. Box Number is Not Acceptable)
4897 W. WATERS AVE, Suite J
City TAMPA FL Zip Code 33634

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: *Gigi La Barbera* (Gigi La Barbera) SECRETARY/TREASURER 4/4/00
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HARBOUR, ROBERT M 2302 WEST SWAN AVE TAMPA FL 33609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LABARBERA, GIGI 2302 WEST SWAN AVE TAMPA FL 33609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, TREVOR 2302 WEST SWAN AVE TAMPA FL 33609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOD, STEPHEN R 2302 WEST SWAN AVE TAMPA FL 33609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPANGLER, JOHN F. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4897 W. WATERS AVE. #J TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LABARBERA, GIGI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4897 W. WATERS AVE. #J TAMPA, FL. 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, TREVOR G. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4897 W. WATERS AVE. #J TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOD, STEPHEN R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4897 W. WATERS AVE. #J TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARBOUR, ROBERT M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4897 W. WATERS AVE. #J TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gigi La Barbera* (Gigi La Barbera) 4/4/00 813 901 0019
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)