

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074421

1. Entity Name
JUSNICK EXPRESS, INC.

Principal Place of Business
1620 NORTHWEST 110 TERRACE
PEMBROKE PINES FL 33026

Mailing Address
1620 NORTHWEST 110 TERRACE
PEMBROKE PINES FL 33026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0800609

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

NICHOLSON, GEORGE M
1620 NW 110 TR
PEMBROKE PINES FL 33026

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 _____ (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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
NICHOLSON, GEORGE M
1620 NORTH WEST 100TH TERRACE
PEMBROKE PINES FL 33026 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
NICHOLSON, LAURIE M
1620 NORTH WEST 100TH TERRACE
PEMBROKE PINES FL 33026 ☐ Delete

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

TITLE
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CITY-ST-ZIP
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☐ 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 *Laurie M. Nicholson* Laurie M. Nicholson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01 (954) 433-8995
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN 65-0860609

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) JUSNICK EXPRESS, INC.		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 1620 North West 100th Terrace		5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Pembroke Pines, Florida 33026		5b City, state, and ZIP code
	6 County and state where principal business is located Broward County, Florida		
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ► George M. Nicholson, President (ssn 264-73-4990)		
	8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Other nonprofit organization (specify) ► <input type="checkbox"/> Other (specify) ► <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator-SSN <input type="checkbox"/> Other corporation (specify) ► Sub S <input type="checkbox"/> Trust <input type="checkbox"/> Federal Government/military <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Church or church-controlled organization (enter GEN if applicable)		
8b If a corporation, name the state or foreign country (if applicable) where incorporated Florida		Foreign country	
9 Reason for applying (Check only one box.) <input checked="" type="checkbox"/> Started new business (specify) ► <input type="checkbox"/> Banking purpose (specify) ► <input type="checkbox"/> Changed type of organization (specify) ► <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a pension plan (specify type) ► <input type="checkbox"/> Created a trust (specify) ► <input type="checkbox"/> Other (specify) ►			
10 Date business started or acquired (Mo., day, year) (See instructions.) 08/26/98		11 Closing month of accounting year (See instructions.) December	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ► N/A			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) ►		Nonagricultural 0	
14 Principal activity (See instructions.) ► Trucking Company		Agricultural	
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ►		Household	
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ► <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A			
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.			
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► Trade name ►			
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN			

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
954 433-8995
Fax telephone number (include area code)

Name and title (Please type or print clearly.) ► **Elsie Sanchez, Treasurer**

Signature ►  Date ► **09/09/98**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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