

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90274 017 \*\*\*150.00

**DOCUMENT # P98000079710**

1. Entity Name  
**NYMAN'S JEWELRY, INC.**

Principal Place of Business  
**8041 SOUTH WOOD CIR**  
**APT #13**  
**FT. MYERS FL 33919**

Mailing Address  
**8041 SOUTH WOOD CIR**  
**APT #13**  
**FT. MYERS FL 33919**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**8041 South Wood Circle**  
 Suite, Apt., etc.  
**13**

3. Mailing Address  
**8041 South Wood Circle**  
 Suite, Apt., etc.  
**13**

City & State  
**FORT MYERS, FL**  
 Zip  
**33919** Country  
**LEE**

City & State  
**FORT MYERS, FL**  
 Zip  
**33919** Country  
**LEE**

4. FEI Number  
**65-0860808**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLMEN, SHELLEY A**  
**12730 BEN BUTTANY BLVD #408**  
**FT. MYERS FL 33907**

7. Name and Address of New Registered Agent

Name  
**SOUTHWEST PROFESSIONAL SERVICES INC**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13571 MCGREGOR BLVD,**  
**SUITE # 22**  
 City  
**FORT MYERS FL 33919**

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

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, 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PTD**  
**NYMAN, JESSE**  
**8041 SOUTH WOOD CIR**  
**FT. MYERS FL 33919** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VS**  
**NYMAN, JESSE**  
**8041 SOUTH WOOD CIR**  
**FT. MYERS FL 33919** ☐ Delete

TITLE  
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 STREET ADDRESS  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)