

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104923

1. Entity Name

NICHOLS KLINE GROUP, INC.

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90096 027 \*\*\*150.00

Principal Place of Business

3210 HOLLY AVENUE  
COLONIAL HEIGHTS VA 23834

Mailing Address

3210 HOLLY AVENUE  
COLONIAL HEIGHTS VA 23834-2641

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

NICHOLS KLINE  
GROUP INC.  
c/o STARLETT KLINE

#704  
3200 PORT ROYALE DR. N.

FT. LAUDERDALE, FL.

33308

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

KLINE, STARLETT  
3200 PORT ROYALE DR N  
#704  
FT LAUDERDALE FL 33308

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **D - PRESIDENT** ☐ Delete  
NAME: **NICHOLS, R E JR.**  
STREET ADDRESS: **3210 HOLLY AVENUE**  
CITY-ST-ZIP: **COLONIAL HEIGHTS VA 23834**

TITLE: **SECRETARY** ☐ Change ☒ Addition  
NAME: **STARLETT KLINE**  
STREET ADDRESS: **3200 PORT ROYALE DR. N. #704**  
CITY-ST-ZIP: **FT. LAUDERDALE, FL. 33308**

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
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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: Starlett Kline **STARLETT KLINE** **SEC.** 3/15/00 954-771-9810  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)