## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 10, 2001 8:00 am Secretary of State DOCUMENT # **P99000009601** 1. Entity Name . NICHOLS LIGHTING, INC. 05-10-2001 90189 048 \*\*\*150.00 Principal Place of Business 💖 🐉 Mailing Address 578 SW 25TH AVE 578 SW 25TH AVE **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 102402 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0892988 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NICHOLS, KENNETH C Street Address (P.O. Box Number is Not Acceptable) 578 SW 25TH AVE **BOYNTON BEACH FL 33435** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NICHOLS, KENNETH C NAME STREET ADDRESS 578 SW 25TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33435** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NICHOLS, JANICE C NAME STREET ADDRESS STREET ADDRESS 578 SW 25TH AVE CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33435** ☐ Delete TITLE TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

E OF SIGNING OFFICER OR DIRECTOR

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changed, or on an attachment with an address, with all other like empowered

Presidut SIGNATURE: