

2000 UNIFORM BUSINESS REPORT (UBR)

7/1

FILED
Aug 17, 2000 8:00 am
Secretary of State

07-19-2000 90002 025 ***150.00

DOCUMENT # 2 ~~244000000000~~
1. Entity Name
 NicoTECH INC. / P49000023066

Principal Place of Business **Mailing Address**
 895 S. WYMORE RD #1011
 ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business 895 S. WYMORE RD Suite, Apt. #, etc. #1011 City & State ALTAMONTE SPRINGS FL Zip 32714 Country USA		3. Mailing Address 895 S. WYMORE RD Suite, Apt. #, etc. #1011 City & State ALTAMONTE SPRINGS FL Zip 32714 Country USA	
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4. FEI Number 65-0899203 **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
 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 _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 **\$5.00 May Be**
 Trust Fund Contribution ☐ **Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 June 2000 (407) 340-6426
 Date Daytime Phone #

CR2E034 (9/99)

~~CONFIDENTIAL~~

309277

**Sincerely,
Nick Melfi
NicoTech Inc.**