

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029828

1. Entity Name

MYTON, NICHOLS & ASSOCIATES, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90550 023 \*\*\*150.00

Principal Place of Business

1026 LYRIC DRIVE  
DELTONA FL 32738

Mailing Address

1026 LYRIC DRIVE  
DELTONA FL 32738-6804

2. Principal Place of Business

1041 ELKcam Blvd

3. Mailing Address

1041 ELKcam Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deltona FL 32725

City & State

Deltona FL

4. FEI Number

59-3576424

Applied For

Not Applicable

Zip

32725

Country

Volusia

Zip

32725

Country

Volusia

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NICHOLS, MICHAEL D  
1026 LYRIC DRIVE  
DELTONA FL 32738

7. Name and Address of New Registered Agent

Name

Nichols, Michael D

Street Address (P.O. Box Number is Not Acceptable)

1041 ELKcam Blvd

City

Deltona

FL

Zip Code

32725

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

*Michael D. Nichols*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-20-00

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NICHOLS, LAURA K	
STREET ADDRESS	1026 LYRIC DRIVE	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLS, MICHAEL D	
STREET ADDRESS	1026 LYRIC DRIVE	
CITY-ST-ZIP	DELTONA FL 32738	
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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Michael D. Nichols

Date

4-20-00

Daytime Phone #

904/532-7218

CR2E034 (9/99)