

Feb 07, 2000 8:00 a
Secretary of State

02-07-2000 90047 046 ***150.00

DOCUMENT # P99000030576

1. Entity Name

NICHOLAS T. BILLETT, INC.

Principal Place of Business

4731 OLD FARMS RD.
SARASOTA FL 34233

Mailing Address

4731 OLD FARMS RD.
SARASOTA FL 34233-3944

612205

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 4234

City & State

City & State

SARASOTA, FL

4. FEI Number

65-0910862

Not

Zip

Country

Zip

Country

34230-4234 USA

5. Certificate of Status Desired

\$8.75

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUICKER, MICHAEL J
240 N. WASHINGTON BLVD., STE. 325
SARASOTA FL 34236

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

Michael J. Quicker

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and effects 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 State10. Election Campaign Financing
Trust Fund Contribution.\$5.00
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE D
NAME BILLETT, NICHOLAS T
STREET ADDRESS 4731 OLD FARMS RD.
CITY-ST-ZIP SARASOTA FL 34233☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change

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

SIGNATURE:

Nicholas T. Billett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-00 941 9240

DO NOT WRITE IN THIS SPACE