

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033760

1. Entity Name

NICELEY DONE INVESTMENTS, INC.

Principal Place of Business

2351 HADLEY STREET
DELTONA FL 32738

Mailing Address

2351 HADLEY STREET
DELTONA FL 32738-3030

2. Principal Place of Business

2440 Dumas dr.

Suite, Apt. #, etc.

3. Mailing Address

2440 Dumas dr.

Suite, Apt. #, etc.

City & State

Deltona, FL

City & State

Deltona, FL

4. FEI Number

59-3631134

Applied For

Not Applicable

Zip

Country

32738

Volusia

Zip

Country

32738

Volusia

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

BOGER, MICHAEL D

2351 HADLEY STREET
DELTONA FL 32738

2440 Dumas dr.
Deltona, FL
32738

Name

Michael D. Boger



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

2440 Dumas Dr.

City

Deltona

FL

Zip Code

32738

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. Boger

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

(NOTE: Registered Agent signature required when reinstating)

2/12/00

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

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 ☐ Delete
NAME BOGER, MICHAEL D
STREET ADDRESS 2351 HADLEY STREET
CITY-ST-ZIP DELTONA FL 32738

2440 Dumas Dr.
Deltona, FL 32738

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BOGER, KELLY J
STREET ADDRESS P.O. BOX 4071
CITY-ST-ZIP ST. AUGUSTINE FL 32085

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

(904) 789-0233

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90141 019 ***150.00

LUU4U13Z



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)