2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2004 8:00 am
Secretary of State
04-01-2004 90032 021 ***150.00

DOCUMENT # P99000042505

1. Entity Name

CORWIN & NICKLAUS, INC.

DO NOT WRITE IN THIS SPACE

94041380

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2. Principal Place of Business	3. Mailing Address
256 SHEPARD ROAD, NW	256 SHEPARD ROAD, NW
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: LAKE PLACID, FLA.	City & State: LAKE PLACID, FLA.
Zip: 33852 Country: USA	Zip: 33852 Country: USA

4. FEI Number: 59-3578626 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: SHERRIE S. CORWIN

Street Address (P.O. Box Number is Not Acceptable): 256 SHEPARD ROAD N.W.

City: LAKE PLACID FL Zip Code: 33852

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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P,T,D	TITLE	
NAME	SHERRIE S. CORWIN	NAME	
STREET ADDRESS	256 SHEPARD ROAD N.W.	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID, FLA. 33852	CITY-ST-ZIP	
TITLE	VP, S, D	TITLE	
NAME	MIKE NICKLAUS	NAME	
STREET ADDRESS	120 HILLSIDE AVE.	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID, FLA 33852	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 an attachment with an address, with all other like empowered.

SIGNATURE: Sherrie S. Corwin 1/4/04 863-699-0711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR