

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90265 030 ***150.00

DOCUMENT # P99000073650

1. Entity Name
NIKA INVESTMENTS, INC.

Principal Place of Business
1497 MAIN STREET
DUNEDIN FL 34698

Mailing Address
1497 MAIN STREET
DUNEDIN FL 34698

2. Principal Place of Business
405 S. Dale Mabry Hwy

3. Mailing Address
405 S. Dale Mabry Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa, FL

Zip

Country

33609

USA

Zip

Country

33609

USA

4. FEI Number **59-3597886**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

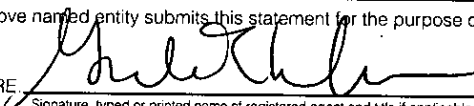
6. Name and Address of Current Registered Agent

PAULETTA, MICHAEL
1497 MAIN STREET
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name **PAULETTA, MICHAEL**
 Street Address (P.O. Box Number is Not Acceptable)
405 S. Dale Mabry Hwy
 City **Tampa** **FL** Zip Code **33609**

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 

GERALD E. MEDLEN

4-22-02

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **PD**
 NAME **PAULETTA, J. MICHAEL**
 STREET ADDRESS **1497 MAIN STREET**
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **VP**
 NAME **MEDLEN, GERALD E**
 STREET ADDRESS **1497 MAIN STREET**
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE
 NAME
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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **405 S. Dale Mabry Hwy**
Tampa, FL 33609 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **405 S. Dale Mabry Hwy**
Tampa, FL 33609 ☒ Change ☐ Addition

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

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

4-22-02

Date

813-874-2300

Daytime Phone #

CR2E034 (9/01)