


FILED
Apr 02, 2008 8:00 am
Secretary of State

40056843

DOCUMENT # P99000074882						04-02-2008 90022 002 ***150.00	
1. Entity Name NIC-GAR, INC.							
Principal Place of Business 987 S PACKINGHOUSE RD SARASOTA, FL 34232			Mailing Address PO BOX 19319 SARASOTA, FL 34276			40056843	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address			03132008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. FEI Number 65-0946042	
City & State			City & State			Applied For Not Applicable	
Zip		Country	Zip		Country	5. Certificate of Status Desired <input type="checkbox"/> -- \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CATHERINE, TRACY L 2058 CONSTITUTION BLVD SARASOTA, FL 34231					7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DPST GARRAUS, RANDI 3911 HIDDEN RIVER SARASOTA, FL 34240 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		RANDI GARRAUS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D GARRAUS, JESUS 3911 HIDDEN RIVER SARASOTA, FL 34240 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		JESUS GARRAUS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>RANDI GARRAUS</u>				3-31-08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			