

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 07, 2001 8:00 am**
Secretary of State

04-07-2001 90002 014 ***150.00

DOCUMENT # P99000080106

1. Entity Name

NICKERSON INCORPORATED

Principal Place of Business

**600 MAGNOLIA AVE.
STE. 300
TAMPA FL 33606**

Mailing Address

**600 MAGNOLIA AVE.
STE. 300
TAMPA FL 33606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3601324**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****819414**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****RHOADS, LOREN
600 MAGNOLIA AVE.
STE. 600
TAMPA FL 33606**

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

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	P			<input checked="" type="checkbox"/>		Bitzer, Peter	600 S. MAGNOLIA AVE # 300	TAMPA, FL 33606	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	V			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	RHOADS, LOREN	160 COLUMBUS DR #407	TAMPA FL 33606	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	ST			<input checked="" type="checkbox"/>		Sec. Whalen, Michelle	600 S. MAGNOLIA AVE # 300	TAMPA, FL 33606	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	TERZI, MELISSA	8488 W HILLSBOROUGH AVE #153	TAMPA FL 33615	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D			<input checked="" type="checkbox"/>		Treas. Williams, Judith	600 S. MAGNOLIA AVE # 300	TAMPA, FL 33606	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	MCSHERDON, JAMI	3419 PEARSON RD	VALRICO FL 33594	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Judith Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4-4-01 813-250-1425
Date Daytime Phone #

CR2E034 (10/00)