

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90327 001 \*\*\*300.00

0679085  
FP

DOCUMENT # **P99000093731**



1. Entity Name  
**JOSEPH B. NICHOLS, P.A.**

Principal Place of Business  
**5135 CO NTOURA DRIVE  
ORLANDO FL 32810**

Mailing Address  
**5135 CO NTOURA DRIVE  
ORLANDO FL 32810**



2. Principal Place of Business

**2507 WOODSIDE Ave**  
Suite, Apt. #, etc.

3. Mailing Address

**PO Box 536725**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

4. FEI Number **59-3603365**

Applied For  
Not Applicable

Zip  
**32803**

Country  
**USA**

Zip  
**32853**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**NICHOLS, JOSEPH B  
5135 CONTOURA DR  
ORLANDO FL 32810**

7. Name and Address of New Registered Agent

Name **NICHOLS, JOSEPH B**  
Street Address (P.O. Box Number is Not Acceptable) **2507 WOODSIDE Ave**  
City **ORLANDO** FL **32803**

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 *Joseph B. Nichols*  
Signature of registered agent or principal officer and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/22/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	<b>D</b> <b>NICHOLS, JOSEPH B</b> <b>5135 CANTOURA DRIVE</b> <b>ORLANDO FL 32810</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NICHOLS, JOSEPH B.</b> <b>2507 WOODSIDE AVENUE</b> <b>ORLANDO, FL 32803</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph B. Nichols*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/03** **(407)895-5016**  
Date Daytime Phone #

CR2E034 (10/02)