

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90002 017 ***150.00

DOCUMENT # S54342

1. Entity Name

PAUL J. NICOLETTI, P.A.

Principal Place of Business

Mailing Address

~~317 10 ST~~
 WEST PALM BEACH FL 33401-3317

~~317 10 ST~~
 WEST PALM BEACH FL 33401-3317

2. Principal Place of Business

3. Mailing Address

946 S. PATRICK CIR
 Suite, Apt. #, etc.

PO Box 20077
 Suite, Apt. #, etc.

City & State
 WEST PALM BEACH FL

City & State
 WEST PALM BEACH FL

Zip
 33406-4476

Country
 USA

Zip
 33416-0077

Country
 USA

4. FEI Number 65-0266098

Applied For
 Not Applicable

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

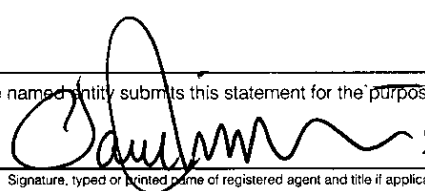
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICOLETTI, PAUL J.
~~317 10 ST~~
 WEST PALM BEACH FL 33401-3317

Name
 Street Address (P.O. Box Number is Not Acceptable)
 946 S. PATRICK CIRCLE
 City WEST PALM BEACH FL Zip Code 33406-4476

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  PAUL J. NICOLETTI

1/10/2001
 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	DP NICOLETTI, PAUL J. 317 10 ST WEST PALM BEACH FL 33401-3317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DUFFY, LAWRENCE 317 TENTH ST. WEST PALM BCH. FL 33401-3317	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDWARDS, MICHAEL C. 317 TENTH ST. WEST PALM BEACH FL 17	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 946 S. PATRICK CIRCLE WEST PALM BEACH, FL 33406-4476
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  PAUL J. NICOLETTI

1/10/2001
 Date

561-659-5300
 Daytime Phone #

CR2E034 (10/00)