

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V40144**

1. Entity Name

KENNETH A. NICHOLLS, INC.



FILED

03 OCT 22 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5845 RIVERSIDE DR
HARBOR OAKS FL 32127

Mailing Address

5845 RIVERSIDE DR
HARBOR OAKS FL 32127

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

59-3129944

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

NICHOLLS, KENNETH A.
5845 RIVERSIDE DR
HARBOR OAKS FL 32127

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
P
NICHOLLS, KENNETH A.
5845 RIVERSIDE DR
HARBOR OAKS FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
NICHOLLS, JUDITH A
5845 RIVERSIDE DR
DAYTONA BEACH FL 32127 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10/22/03--01055--002 *8100 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 16d 2003

Date

Daytime Phone #

386 767 1633

CR2E034 (10/02)

Kenneth A Nicholls Inc

5845 Riverside Drive

Harbor Oaks,

Fl. 32127

Tel (386) 767 1633

October 16th 2003

Division of Corporations,

U B R Filings

P.O. Box 1500

Tallahassee

Fl 32302-1500

Dear Sirs,

I attach a completed return along with the \$ 150 filing fee.

Upon receipt of the original package I filed electronically and received tracking number 600013706046, the date, March 8th 2003

On June 29th I received a reminder to file...I tried again to file electronically and the Web site said " filing in queue "

This week I received the Notice of Dissolution and called the help line. As my credit card was never charged I was advised to send this letter with a new return requesting that the reinstatement fees be waived.

Sincerely

A handwritten signature in black ink, appearing to read 'Kenneth A Nicholls', written over a horizontal line.

Kenneth A Nicholls

President