

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90177 014 ***150.00

01/20/02 AV

DOCUMENT # P95000038947

1. Entity Name
NITCO, INC.

Principal Place of Business

~~3660 COCOPLUM CIR.~~
COCONUT CREEK FL 33063

Mailing Address

~~3660 COCOPLUM CIR.~~
COCONUT CREEK FL 33063

2. Principal Place of Business

Nitco Inc

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0582465**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TUCKER, NEIL

~~3660 COCOPLUM CIR.~~

COCONUT CREEK FL 33063

Please note:
 change of Address

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.

SIGNATURE *[Signature]*
 Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/8/02
 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, 2002 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

TITLE **D**
 NAME **TUCKER, NEIL**
 STREET ADDRESS **3660 COCOPLUM CIR.**
 CITY-ST-ZIP **COCONUT CREEK FL 33063**

NEIL TUCKER
851 THREE ISLANDS BVD.
APT. 416
HALLANDALE BEACH, FL 33009

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neil Tucker

1/8/02
 Date **954 457 2317**
 Daytime Phone #

CR2E034 (9/01)