

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000021551

Entity Name: NICKMARK CORPORATION**Current Principal Place of Business:**8640 SEMINOLE BLVD.
SEMINOLE, FL 33772**Current Mailing Address:**5 CHILTERN CLOSE, CHESYLN HAY WALSALL
WEST MIDLANDS ENGLAND
WS6 7PJ, XX XX XX**FEI Number:** 59-3634995**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOFSTRA, PETER T
8640 SEMINOLE BLVD.
SEMINOLE, FL 33772 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	ROSE, CHRISTOPHER T
Address	5 CHILTERN CLOSE CHESLYN HAY WALSALL WEST MIDLANDS, ENGLAND
City-State-Zip:	WS67PJ XX XXXXX

Title	DIRECTOR
Name	ROSE, MARK SIMON
Address	5 CHILTERN CLOSE CHESLYN HAY WALSALL WEST MIDLANDS, ENGLAND
City-State-Zip:	WS6 7PJ XX XXXXX

Title	SECRETARY, DIRECTOR
Name	ROSE, ELIZABETH M
Address	5 CHILTERN CLOSE CHESLYN HAY WALSALL WEST MIDLANDS, ENGLAND
City-State-Zip:	SW6 7PJ XX XXXXX

Title	DIRECTOR
Name	ROSE, NICHOLAS CHRISTOPHER
Address	5 CHILTERN CLOSE CHESLYN HAY WALSALL WEST MIDLANDS ENGLAND
City-State-Zip:	WS6 7PJ XX XXXXX

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER T. ROSE**PRESIDENT****01/29/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date