

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000017792

**Entity Name:** TOMAS NICOLE, INC

**Current Principal Place of Business:**

630 SOUTHWIND CIRCLE  
APT. # 15  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

630 SOUTHWIND CIRCLE  
APT. # 15  
NORTH PALM BEACH, FL 33408

**FEI Number:** 20-0639056

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TOMASZEWSKI, TIPHANI  
630 SOUTHWIND CIRCLE  
APT. # 15  
NORTH PALM BEACH, FL 33408 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 P/D  
Name TOMASZEWSKI, TIPHANI  
Address 630 SOUTHWIND CIRCLE  
City-State-Zip: NORTH PALM BEACH FL 33408

*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:** TIPHANI TOMASZEWSKI

**PRESIDENT**

**03/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date