## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J35779

Entity Name: NICHOLAS YONCLAS, P.A.

### Current Principal Place of Business:

16 ISLAND DRIVE POST OFFICE BOX 386 EASTPOINT, FL 32328

## **Current Mailing Address:**

P.O. BOX 386 EASTPOINT, FL 32328 US

# FEI Number: 59-2736651

## Name and Address of Current Registered Agent:

YONCLAS, NICHOLAS 16 ISLAND DRIVE POST OFFICE BOX 386 EASTPOINT, FL 32328 US Certificate of Status Desired: No

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

### **Officer/Director Detail :**

| Title           | PVT                                    | Title           | S                                      |
|-----------------|--|-----------------|--|
| Name            | YONCLAS, NICHOLAS                      | Name            | YONCLAS, BARBARA                       |
| Address         | 16 ISLAND DRIVE<br>POST OFFICE BOX 386 | Address         | 16 ISLAND DRIVE<br>POST OFFICE BOX 386 |
| City-State-Zip: | EASTPOINT FL 32328                     | City-State-Zip: | EASTPOINT FL 32328                     |

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: NICHOLAS YONCLAS

PRESIDENT

03/23/2015

Date

Electronic Signature of Signing Officer/Director Detail

FILED Mar 23, 2015 Secretary of State CC9598100320

Date