


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90355 011 \*\*\*150.00

**DOCUMENT # J35779**

1. Entity Name  
**NICHOLAS YONCLAS, P.A.**



Principal Place of Business  
~~140 FIRST ST. W.~~  
~~D-~~  
~~ST. GEORGE ISLAND FL 32928~~  
~~US~~

Mailing Address  
P.O. BOX 386  
EASTPOINT FL 32328  
US



2. Principal Place of Business  
**35 ISLAND DRIVE**

Suite, Apt. #, etc.  
**SUITES 9 & 10**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**EASTPOINT FL**

City & State

4. FEI Number **59-2736651**

Applied For  Not Applicable

Zip **32328**

Country **U.S.**

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**YONCLAS, NICHOLAS**  
~~140 FIRST ST. W.~~  
~~STE. D~~  
~~ST. GEORGE ISLAND FL 32928~~


Name

Street Address (P.O. Box Number is Not Acceptable)  
**35 ISLAND DRIVE**

**SUITES 9 & 10**

City **EASTPOINT** **FL** Zip Code **32328**

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 

(NOTE: Registered Agent signature required when reinstating)

DATE **1/27/03**

**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	Delete
PVT	YONCLAS, NICHOLAS	140 FIRST ST. W.	ST. GEORGE ISLAND FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		35 ISLAND DRIVE, SUITES 9 & 10	EASTPOINT, FLORIDA 32328	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY	BARBARA YONCLAS	35 ISLAND DRIVE, SUITES 9 & 10	EASTPOINT, FLORIDA 32328	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **NICHOLAS YONCLAS**  
**SIGNATURE REQUIRED** **PRESIDENT** **1/27/03** **(850) 670-1616**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)