

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90040 011 \*\*\*150.00

**DOCUMENT # P99000021706**

1. Entity Name

**EAMONN'S CARPENTRY INC.**

**POSTED**

Principal Place of Business

Mailing Address

% GULF TAX INC.  
 6860 GULFPORT BLVD. STE 900  
 ST PETERSBURG FL 33707-2108

% GULF TAX INC.  
 6860 GULFPORT BLVD. STE 900  
 ST PETERSBURG FL 33707-2108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4293259

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GULF TAX INC.  
 6860 GULFPORT BLVD, STE 900  
 ST PETERSBURG FL 33707-2108

Name NEVADA HOLDINGS INC - BRIAN LIGHT

Street Address (P.O. Box Number is Not Acceptable)  
6860 GULFPORT BLVD # 900

City S. PASADENA **FL** Zip Code 33707-2108

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 B. Light PRES NEVADA HOLDINGS INC 4/2/00  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|----------------------------|--|---|--|
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete | TITLE   | <b>P, VP, T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>MALLON, EAMONN</b>                    | NAME  |  |
| STREET ADDRESS             | <b>6860 GULFPORT BLVD, STE 900</b>       | STREET ADDRESS  |  |
| CITY-ST-ZIP                | <b>ST PETERSBURG FL 33707-2108</b>       | CITY-ST-ZIP   |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete | TITLE   | <b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| NAME                       | <b>LIGHT, BRIAN</b>                      | NAME  |  |
| STREET ADDRESS             | <b>6860 GULFPORT BLVD, STE 900</b>       | STREET ADDRESS  |  |
| CITY-ST-ZIP                | <b>ST PETERSBURG FL 33707-2108</b>       | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |  |

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] 4/2/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)