

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 302593

1. Entity Name

MODERN LIVING CONSTRUCTION INC

FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90006 025 ***550.00

Principal Place of Business

5645 EXECUTIVE DR.
NEWPORT RICHEY FL 34652
US

Mailing Address

P.O. BOX 4059
P.O. BOX 4059
CLEARWATER FL 34618
US

2. Principal Place of Business

3. Mailing Address

P.O. BOX 873

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

EL FERS, FL.

Zip

Country

Zip

Country

34680-0873 U.S.A.

4. FEI Number

59-1118158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELMHOLTZ, ROBERT L
5645 EXECUTIVE DRIVE
NEW PORT RICHEY FL 34652

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HELMHOLTZ, ROBERT L
5645 EXECUTIVE DRIVE
NEW PORT RICHEY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

ROBERT L HELMHOLTZ 9/4/00/727-845-0581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)