

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 673656

1. Entity Name

ANMAR CONSTRUCTION INCORPORATED

Principal Place of Business

55 DODECANESE BLVD  
TARPON SPRGS FL 34689  
US

Mailing Address

55 DODECANESE BLVD  
TARPON SPRGS FL 34689-3117  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

NICHOLAS, GEORGE  
1607 GULF RD  
TARPON SPRGS FL 34689

7. Name and Address of New Registered Agent

Name **GEORGE NICHOLAS**  
Street Address (P.O. Box Number is Not Acceptable) **14014 Hudson Avenue**  
City **Hudson, FL** Zip Code **34669**

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 \$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

TITLE	D	<input type="checkbox"/> Delete
NAME	RON VEIT	
STREET ADDRESS	2074 HIDDEN LAKE DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NICHOLAS, GEORGE	
STREET ADDRESS	1607 GULF ROAD	
CITY-ST-ZIP	TARPON SPRGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NICHOLAS, ELAINE	
STREET ADDRESS	1607 GULF ROAD	
CITY-ST-ZIP	TARPON SPRGS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	NICHOLAS, ANTHONY J	
STREET ADDRESS	1311 VERMONT AVE.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 registered 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90194 001 \*\*\*\*\*8.75  
01-20-2000 90194 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

11958

1/7/2000

1/7/2000 721-458-7272

CR2E034 (9/99)