

DOCUMENT # 673656
1. Entity Name
ANMAR CONSTRUCTION INCORPORATED

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90046 038 ***158.75

Principal Place of Business
55-DOEGANESE BLVD 8811 State Rd 52
TARPON SPRGS FL 34689 Hudson, FL
US- 34667

Mailing Address
55-DOEGANESE BLVD
TARPON SPRGS FL 34689
US- Hudson, FL
34667



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8811 State Rd 52
Suite, Apt. #, etc. Suite 28
City & State Hudson, FL
Zip 34667

3. Mailing Address
8811 State Rd 52
Suite, Apt. #, etc. Suite 28
City & State Hudson, FL
Zip 34667

4. FEI Number 59-2003182 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
NICHOLAS, GEORGE
14014 HUDSON AVE
HUDSON FL 34669
12421 Willow Tree Av,

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RON VEIT 2074 HIDDEN LAKE DR PALM HARBOR FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLAS, GEORGE 1607 GULF ROAD TARPON SPRGS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NICHOLAS, ELAINE 1607 GULF ROAD TARPON SPRGS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NICHOLAS, ANTHONY J 1311 VERMONT AVE. TARPON SPRINGS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAM D. MONDA 7345 GULF WAY HUDSON, FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: George Nicholas 1/3/2001 727-868-4866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)