2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # J06202** Jul 21, 2000 8:00 am 1. Entity Name Secretary of State NIKO CONSTRUCTION, INC. 07-21-2000 90161 017 ***150.00 Principal Place of Business - == Mailing:Address-413 CANTEBURY LANE P.O. BOX 277 GULF BREEZE FL 32561 **GULF BREEZE FL 32562-0277** 2. Principal Place of Business 11112 Seameer 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-2778526 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAME HIRRAS, NICK M. dress (P.O. Box Number is Not Acceptable) 413 CANTERBURY LANE **GULF BREEZE FL 32561** 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so: Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** Change Addition TITLE ☐ Delete TITL F HIRRAS, NICK M. NAME NAME STREET ADDRESS 413 CANTERBURY LANE STREET ADDRESS CITY-ST-ZIP **GULF BREEZE FL** CITY-ST-ZIP SVD ☐ Addition ☐ Delete TITLE Change SMITH, MENA D. NAME STREET ADDRESS 1207 ORIOLE BEACH RD. STREET ADDRESS CITY-ST-ZIP **GULF BREEZE FL** CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-7IP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

SIGNATURE AND THE PRINTED NAME OF SIGNING OFFICE OF DIRECTOR

☐ Delete

President

7-17-00

☐ Change

Addition

Daytime Phone #

tochment NIKO CONSTRUCTION, INO POBOX 211 GUIF BIEEZE FL 32561 Florida Department y State DIVISION & CorporAtions To Whom Goe is IN Charge a uniform Business Reports. of AM really upset about Not seceiving the 1st. Notice for filing I have Called on 3 different OCASSIONS, was told each time another filing form would be mailed to me, anstend I have just socciuci A 2ND NOTICE JOY 550,00 SILING JEC.

I PURY YOU WILL ACCEPT MY

Check JOU # 150,00 Jiling Jee, beard
of have tried to get another filing tee form. I have had the same post Alice box since 1991 At would cause A lot of stress to change it NOW. I will be most Appreciative with any help you can extent THANK you Respectfuly Yours Lees M Hillan

WILK M. HIDNAS Pres.