

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90256 040 \*\*\*150.00

**DOCUMENT # J99800**

**1. Entity Name**  
**PRIEDE MAL CONSTRUCTORS, INC.**



**Principal Place of Business**  
**1483 TAMPA PARK PLAZA**  
**TAMPA FL 33605**

**Mailing Address**  
**1483 TAMPA PARK PLAZA**  
**TAMPA FL 33605**

**2. Principal Place of Business**  
**1465 TAMPA PARK PLAZA**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**1465 TAMPA PARK PLAZA**  
Suite, Apt. #, etc.

**City & State**  
**TAMPA, FL**

**City & State**  
**TAMPA, FL**

**Zip**  
**33605**

**Country**  
**USA**

**Zip**  
**33605**

**Country**

**4. FEI Number** **59-2869734**

**Applied For**  
**Not Applicable**

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**NUCCIO, VINCENT**  
**4049 HENDERSON BLVD**  
**P.O. BOX 320006**  
**TAMPA FL 33629**

**Name**

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

**City**

**FL**

**Zip Code**

**7. Name and Address of New Registered Agent**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

*Vincent P. Nuccio*

(NOTE: Registered Agent signature required when reinstating)

**2-11-03**

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>DPT</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>PRIEDE, NELSON J.</b>	
<b>STREET ADDRESS</b>	<b>3606 LITTLE RD</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33549</b>	
<b>TITLE</b>	<b>DVS</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MALPHUS, WILBERT</b>	
<b>STREET ADDRESS</b>	<b>1483 TAMPA PARK PLAZA</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33605</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**  
**Nelson J. Priede, Pres**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

**2/11/03 813-273-6425**

CD0004 (10/02)