

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90258 020 ***150.00

05/8481 AV

DOCUMENT # P01000107944

1. Entity Name

NICOLETTI CONSTRUCTION, INC.



Principal Place of Business

PO BOX 3211
SPRING HILL FL 34611

Mailing Address

PO BOX 3211
SPRING HILL FL 34611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3753513**

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

NICOLETTI, SCOTT
9271 SPRING HILL DR.
SPRING HILL FL 34608

Name

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

13355 Spring Hill Drive

City **Spring Hill**

FL

Zip Code

34609

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.

(NOTE: Registered Agent signature required when reinstating)

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **NICOLETTI, SCOTT**
STREET ADDRESS **PO BOX 3211**
CITY-ST-ZIP **SPRING HILL FL 34611**

TITLE ☐ Change ☒ Addition
NAME **13355 Spring Hill Drive**
STREET ADDRESS **Spring Hill, FL 34609.**
CITY-ST-ZIP

TITLE **PVST** ☐ Delete
NAME **NICOLETTI, SCOTT**
STREET ADDRESS **PO BOX 3211**
CITY-ST-ZIP **SPRING HILL FL 34611**

TITLE ☐ Change ☒ Addition
NAME **13355 Spring Hill Drive**
STREET ADDRESS **Spring Hill, FL 34609.**
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 fee empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Nicoletti 4/16/03. 352-688-9836.
President Date Daytime Phone #

CR2E034 (10/02)