

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P94000002325**

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90003 010 \*\*\*150.00

1. Entity Name  
**ALBERT NIEMAN ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**2530 SUNSET DRIVE**      **P O BOX 451704**  
**KISSIMMEE FL 34741**      **KISSIMMEE FL 34745-1704**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2504 SUNSET DR.**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**KISSIMMEE, FL.**

City & State

4. FEI Number **59-3222862**

Applied For  
 Not Applicable

Zip **34741**      Country **OSCEOLA**

Zip      Country

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**

**LEVINE, ROY R JR**  
**940 HIGHLAND AVE**  
**ORLANDO FL 32803**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**ALBERT, NIEMAN**  
**2737 TROPICAL LAKE DR.**  
 City **KISSIMMEE, FL**      Zip Code **34741**

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 **ALBERT NIEMAN (OWNER)** *Albert Nieman*

DATE **1-6-00**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NIEMAN, ALBERT</b> <b>2737 TROPICAL LAKE DR</b> <b>KISSIMMEE FL 34741</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Albert Nieman* **ALBERT NIEMAN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1-6-00**      DAYTIME PHONE # **407-847-6684**

CR2E034 (9/99)