

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000007025

1. Entity Name
FIRST CHOICE CONSTRUCTION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90252 033 ***150.00

Principal Place of Business

Mailing Address

5948 ELTON RD.
VENICE FL 34239

5948 ELTON RD.
VENICE FL 34275-5805

2. Principal Place of Business

2130 SONOMA DR

3. Mailing Address

PO BOX 1411

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NOKOMIS

City & State

NOKOMIS, FL

4. FEI Number

65-0469716

Applied For

Not Applicable

Zip

34275

Country

FL

Zip

34274

Country

USA

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

NETCHIONAS, MINDAUGAS S

5948 ELTON RD.

VENICE FL 34239

Name

NETCHIONAS, MINDAUGAS S

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

2130 SONOMA DR

City

NOKOMIS

FL

Zip Code

34275

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NETCHIONAS, MINDAUGAS
5948 ELTON RD.
VENICE FL 34239 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NETCHIONAS, MINDAUGAS
2130 SONOMA DR
NOKOMIS FL 34275 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CE 1 014 (9/99)