

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90006 003 \*\*\*150.00

**DOCUMENT # P94000007717**

1. Entity Name  
**NRS CONSTRUCTION, INC.**

Principal Place of Business  
**2506 STONY BROOK LN  
 CLEARWATER FL 33761**

Mailing Address  
**PO BOX 6632  
 CLEARWATER FL 33758**

2. Principal Place of Business  
**2589 PINE COVE LN**  
 Suite, Apt. #, etc.

3. Mailing Address  
**CLEARWATER, FL 33761**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**CLEARWATER FL**

City & State  
**CLEARWATER FL**

4. FEI Number **59-3223531** Applied For  
 Not Applicable

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

Zip **33761** Country Zip Country

6. Name and Address of Current Registered Agent  
**BOZMOSKI, JOHN JR  
 600 BYPASS DR.  
 SUITE 215  
 CLEARWATER FL 34624**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, 2001 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	DP	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRETT, NEAL R		NAME	SCHRETT, NEIL R.	
STREET ADDRESS	2556 STONY BROOK LN		STREET ADDRESS	2589 PINE COVE LN.	
CITY-ST-ZIP	CLEARWATER FL 33761		CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRETT, MICHAEL		NAME	SCHRETT, MICHAEL	
STREET ADDRESS	6104 WEBB RD APT 1202		STREET ADDRESS	8925 So. BAY DR.	
CITY-ST-ZIP	TAMPA FL 33615		CITY-ST-ZIP	TAMPA, FL 33615	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRETT, CHRISTOPHER W		NAME	SCHRETT, CHRISTOPHER W.	
STREET ADDRESS	12754 112TH ST N		STREET ADDRESS	395 WERTZ DR.	
CITY-ST-ZIP	LARGO FL 33778		CITY-ST-ZIP	LARGO, FL 33771	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **NEIL R. SCHRETT** **1/29/01** **727-712-0192**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0625711

CP2E034 (10/00)