

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90004 046 ***158.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000010381

1. Entity Name
NICHTER CONTRACTING CORPORATION

Principal Place of Business 4812 COOLIDGE AVE N TAMPA FL 33614 US	Mailing Address PO BOX 26372 TAMPA FL 33622 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-3294430	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SECORD, ELEANOR E
 4812 COOLIDGE AVE N
 TAMPA FL 33164

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 _____ (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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SECORD, THOMAS M JR 17675B JAMESTOWN WAY LUTZ FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SECORD THOMAS M JR 17541 CEDAR WOOD LOOP LUTZ FL 33549 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SECORD, ELEANOR E 10444 ST TROPEZ PL TAMPA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SECORD ELEANOR E 3204 LUTZ LAKE FERN RD LUTZ FL 33549 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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: Eleanor E Secord **1/4/01** **(813) 870 0630**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 ELEANOR E SECORD **Date** **Daytime Phone #**

CR2E034 (10/00)