## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TIPED OR POINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED May 03, 2000 8:00 am Secretary of State DOCUMENT # **P95000060247** 1. Entity Name NATIONAL CONSTRUCTION SERVICES, INC. 05-03-2000 90073 036 \*\*\*150.00 Principal Place of Business Mailing Address 22341 BOYACA AVENUE 22341 BOYACA AVENUE **BOCA RATON FL 33433** BOCA RATON FL 33433-4626 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 65-0606556 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEFFER, HANS Street Address (P.O. Box Number is Not Acceptable) 22341 BOYACA AVENUE **BOCA RATON FL 33433** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D TITLE Change ☐ Addition ☐ Delete TITLE SEEFER, HANS NAME NAME STREET ADDRESS STREET ADDRESS 22341 BOYACA AVENUE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 🖵 جا دیا 🚅 چاک 🚅 🚾 Change. جا 🚅 Addition Delete -- ---TITLE. . . . TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 trastee 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.