

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024356

1. Entity Name

NAFTIS CONSTRUCTION CO. INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90050 026 ***150.00

Principal Place of Business

5130 VICTORIA LN
HOLIDAY FL
34690

Mailing Address

5130 VICTORIA LN
HOLIDAY FL
34690

2. Principal Place of Business

4645 NAFTIS LN.
Suite, Apt. #, etc.

3. Mailing Address

4645 NAFTIS LN.
Suite, Apt. #, etc.

City & State

NEW PORT RICHEY FL

City & State

NEW PORT RICHEY FL

4. FEI Number

59-3373828

Applied For

Not Applicable

Zip

34652

Country

US

Zip

34652

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEORGE NAFTIS
4645 NAFTIS LN
NEW PORT RICHEY FL
34652

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

George Naftis

GEORGE NAFTIS, PRES.

3/29/00

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

| | | |
|----------------|--------------------------|--|
| TITLE | PRESIDENT / DIRECTOR | <input checked="" type="checkbox"/> Delete |
| NAME | NICK NAFTIS | |
| STREET ADDRESS | 3055 CABLE DR. | |
| CITY-ST-ZIP | HOLIDAY FL 34691 | |
| TITLE | VICE PRES / DIRECTOR | <input type="checkbox"/> Delete |
| NAME | GEORGE NAFTIS | |
| STREET ADDRESS | 4645 NAFTIS LN | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34652 | |
| TITLE | SECRETARY / DIRECTOR | <input checked="" type="checkbox"/> Delete |
| NAME | JOHN R. HADFIELD | |
| STREET ADDRESS | 2108 TELOGIA CT | |
| CITY-ST-ZIP | HOLIDAY FL 34690 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PRESIDENT / DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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:

George Naftis

GEORGE NAFTIS, PRES.

3/29/00

(727) 937-0680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)