FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 02, 2001 8:00 am Secretary of State DOCUMENT # P96000024356 NAFTIS CONSTRUCTION CO., INC. 02-02-2001 90275 036 ***150.00 Principal Place of Business Mailing Address 4645 NAFTIS LANE 4645 NAFTIS LANE NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3373828 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAFTIS, GEORGE Street Address (P.O. Box Number is Not Acceptable) 4645 NAFTIS LANE **NEW PORT RICHEY FL 34652** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition NAME NAFTIS, GEORGE NAME STREET ADDRESS 4645 NAFTIS LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34652** TITLE TITLE ☐ Change ☐ Addition NAME HADFIELD, JOHN R NAME STREET ADDRESS 2108 TELOGIA COURT STREET ADDRESS CITY-ST-ZIP HOLIDAY FL 34690 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.