

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90379 020 ***150.00

DOCUMENT # P97000025370

1. Entity Name
NATIONAL UNDERGROUND CONTRACTORS, INC.



Principal Place of Business
~~610 OLD HWY 70~~ 97 Pinners Cove Rd
~~LOT 4~~ Asheville NC
~~SWANNANOA NC 28778-2640~~ 28803

Mailing Address
4110 SOUTHPOINT BLVD.
#205
JACKSONVILLE FL 32216

2. Principal Place of Business
97 Pinners Cove Rd

3. Mailing Address
Suite, Apt. #, etc.

City & State
Asheville NC

City & State

4. FEI Number 58-2314337

Applied For
Not Applicable

Zip 28803 **Country** Buncombe

Zip **Country**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMP, RICHARD N
4110 SOUTHPOINT BLVD., #205
JACKSONVILLE FL 32216

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ **Delete**
NAME SZARKA, ALEXANDER J
STREET ADDRESS 610 OLD HWY 70 #4
CITY-ST-ZIP SWANNANOA NC 28778-2640
Address change only

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Pres. ☐ **Delete**
NAME Alexander J. Szarka
STREET ADDRESS 97 Pinners Cove Rd
CITY-ST-ZIP Asheville NC 28803

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alexander J. Szarka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/03

828654-0033

CR2E034 (10/02)