

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000029323

1. Entity Name  
FIRST CONTACT, INC.

*f*

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90151 016 \*\*\*150.00

Principal Place of Business

321 CRYSTAL LAKE DR  
MELBOURNE FL 32940  
US

Mailing Address

321 CRYSTAL LAKE DR  
MELBOURNE FL 32940  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3437496**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARNEVALE, GEORGE  
321 CRYSTAL LAKE DR  
MELBOURNE FL 32940

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 \_\_\_\_\_  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GEORGE CARNEVALE</b> <b>321 CRYSTAL LAKE DR</b> <b>MELBOURNE FL 32940</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7-18-00*

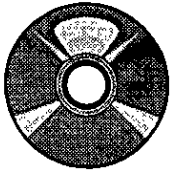
*(321) 754 1616*

Date

Daytime Phone #

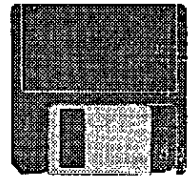
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PC0008917



## FIRST CONTACT INC.

4250 DOW ROAD SUITE 311 • MELBOURNE, FL 32934  
PH (888) 818-2983 • (407) 751-1616 • FAX (407) 751-1916



July 18, 2000

Florida Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302

Dear Division of Corporations,

Please find enclosed the 2000 Uniform Business Report and the \$150.00 filing fee for First Contact, Inc. This is the first report we received, which was on Thursday July 13, 2000. Please accept this \$150.00 for our 2000 UBR. If you have any questions or need additional information please call me direct at (321)751-1616.

Best regards,

George Carnevale