

2000 UNIFORM BUSINESS REPORT (UBR)

5/11/00-90338-001-\$635.00-\$150.00

P8192

DOCUMENT # P97000034394

1. Entity Name

NICON INSULATION, INC.

Principal Place of Business

Mailing Address

**1718 EAST 7TH AVENUE
SUITE 301
TAMPA FL 33605**

**1718 EAST 7TH AVENUE
SUITE 301
TAMPA FL 33605-3814**

FILED

00 JUN 23 PM 6:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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

APPLIED FOR

Applied For

Not Applicable

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

**MCKEE, ROBERT F ESQ.
1718 EAST 7TH AVENUE
SUITE 301
TAMPA FL 33605**

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **LOPEZ, JOSEPH**
STREET ADDRESS **14732 DAYBREAK DR.**
CITY-ST-ZIP **LUTZ FL 33549**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Joseph D. Lopez / P25**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2000

Date

813-620-3316

Daytime Phone #

CRS 11/13/00

SP

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

OMB No. 1545-0003
EIN **06292**

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) Nicon Insulation, Inc.	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 5425 59th Street N	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Tampa, FL 33610-2002	5b City, state, and ZIP code
	6 County and state where principal business is located Hillsborough County, Florida	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ► Joseph D. Lopez, President SSN# 267-23-2615	

8a Type of entity (Check only one box.) (See instructions.)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Plan administrator-SSN
<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Other corporation (specify) ► Corporation - for profit
<input type="checkbox"/> REMIC	<input type="checkbox"/> Trust
<input type="checkbox"/> State/local government	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> National Guard	<input type="checkbox"/> Church or church-controlled organization
<input type="checkbox"/> Other nonprofit organization (specify) ►	(enter GEN if applicable)
<input type="checkbox"/> Other (specify) ►	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State Florida	Foreign country
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9 Reason for applying (Check only one box.)	<input type="checkbox"/> Banking purpose (specify) ►
<input checked="" type="checkbox"/> Started new business (specify) ► Converting division into separate corporation	<input type="checkbox"/> Changed type of organization (specify) ►
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (Mo., day, year) (See instructions.) April 16, 1997	11 Closing month of accounting year (See instructions.) March
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12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)	► Approximately November 2000
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)	Nonagricultural	Agricultural	Household
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14 Principal activity (See instructions.) ► Insulation Contractor
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15 Is the principal business activity manufacturing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check the appropriate box.	<input type="checkbox"/> Business (wholesale)	
<input type="checkbox"/> Public (retail)	<input checked="" type="checkbox"/> Other (specify) ► Government and private sectors	<input type="checkbox"/> N/A

17a Has the applicant ever applied for an identification number for this or any other business?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	
Legal name ►	Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.		
Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Business telephone number (include area code) (813) 620-3316
	Fax telephone number (include area code) (813) 623-5643

Name and title (Please type or print clearly.) ► Joseph D. Lopez / President	Date ► 6-9-00
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Signature ► Joseph D. Lopez / Pres.	Note: Do not write below this line. For official use only.				
Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying