

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90073 024 \*\*\*150.00

DOCUMENT # **P97000069094 (5)**  
 1. Entity Name  
**NIC CONTRACTORS, INC.**

Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2901 Audubon Dr.**  
 Suite, Apt., etc.  
**Gulfport, MS**

3. Mailing Address  
**2901 Audubon Dr.**  
 Suite, Apt. #, etc.  
**Gulfport, MS**

4. FEI Number  
**65-0774098**

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  
 Name **Henry Steves**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6215 W 22nd Ct #4**  
 City **Hialeah** FL Zip Code **33016**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so   
 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<b>Sinclair Amadeo Steves</b>	<b>6215 W 22nd Ct #4</b>	<b>Hialeah, FL 33016</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 supplement 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 affidavit, with all other like empowered

SIGNATURE: \_\_\_\_\_ DATE: **4-21-00** DAYTIME PHONE: **1877-435-3757**

CR2E034 (9/99)