

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022688

1. Entity Name

NEVITT BROTHERS, INC.

FILED

Feb 10, 2000 8:00 am

Secretary of State

02-10-2000 90050 006 ***150.00

Principal Place of Business

Mailing Address

4531 67TH AVENUE NORTH
PINELLAS PARK FL 33781

4531 67TH AVENUE NORTH
PINELLAS PARK FL 33635-9678

Moved

2. Principal Place of Business

8425 Racetrack Rd.S.

3. Mailing Address

8425 Racetrack Rd.S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FLA

City & State

TAMPA, FLA. D

4. FEI Number

59-3500086

Applied For

Not Applicable

Zip

Country

33-635

Zip

Country

33-635

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEVITT, MARY-ANN R
4531 67TH AVENUE NORTH
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name

MARTY L. Nevitt

Street Address (P.O. Box Number is Not Acceptable)

8425 Racetrack Rd.S.

City

TAMPA, FLA.

FL

Zip Code

33635

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 *Marty L. Nevitt* 8425 Racetrack Rd.S. TAMPA 33635 2/3/00

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEVITT, MARTY L	
STREET ADDRESS	4531 67TH AVENUE NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEVITT, MARY-ANN R	
STREET ADDRESS	4531 67TH AVENUE NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Craig Nevitt	
STREET ADDRESS	7925 86 WAY N	
CITY-ST-ZIP	Seminole FLA, 33777	
TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Nevitt	
STREET ADDRESS	8425 Racetrack Rd.S.	
CITY-ST-ZIP	TAMPA, FLA. 33635	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marty L. Nevitt	
STREET ADDRESS	8425 Racetrack Rd.S.	
CITY-ST-ZIP	TAMPA, FLA 33635	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Marty L. Nevitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00
Date

727
86565340
Daytime Phone #

CR2E034 (9/99)