

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088608

1. Entity Name

MARK MACONI HOMES OF HERNANDO, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90252 002 ***150.00

Principal Place of Business

Mailing Address

~~31111 US HWY 19, N.~~
PALM HARBOR FL 34684

~~31111 US HWY 19, N.~~
PALM HARBOR FL 34684

2. Principal Place of Business

3. Mailing Address

31125 US Hwy 19 N.

31125 U.S. Highway 19 N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Harbor, FL 34684

City & State

Palm Harbor, FL

4. FEI Number

59-3538882

Applied For

Not Applicable

Zip

Country

34684

Pinellas

Zip

Country

34684

Pinellas

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

SKALSKI, JOSEPH C
14010 ROOSEVELT BLVD.
SUITE 708
CLEARWATER FL 33762

Name

Farhad M. Nikjeh

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

31125 U.S. HWY 19, N.

City

Palm Harbor

FL

Zip Code

34684

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

Farhad M. Nikjeh

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

(NOTE: Registered Agent signature required when reinstating)

5/12/00

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 PTD ☐ Delete
NAME NIKJEH, FARHOD M
STREET ADDRESS ~~31111 US HWY 19, N.~~
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 31125 US HWY 19, N.
CITY-ST-ZIP

TITLE VPSPD ☐ Delete
NAME MACONI, MARK
STREET ADDRESS 31111 US HWY 19, N.
CITY-ST-ZIP PALM HARBOR FL 34684

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Farhad M. Nikjeh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/12/00

CR2E034 (9/99)