

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004566

1. Entity Name

NIEBAUM CONSTRUCTION CO.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90014 034 ***150.00

Principal Place of Business

Mailing Address

345 70 AVE ~~STREET~~
ST PETERSBURG BEACH FL 33706
St. Pete Beach, FL 33706

345 70 AVE ~~STREET~~
ST PETERSBURG BEACH FL 33706-2010
St Pete Beach

2. Principal Place of Business

345 70 AVE

3. Mailing Address

345 70 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St Pete Beach, FL

City & State
St Pete Beach, FL

4. FEI Number

65-0898130

Applied For

Not Applicable

Zip
33706

Country

USA

Zip
33706

Country

USA

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

NIEBAUM, BERNADETTE
345 70 AVE STREET
ST PETERSBURG BEACH FL 33706

Name
Niebaum, Bernadette P

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

345 70 AVE

City
St Pete Beach

FL

Zip Code

33706

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 Bernadette Niebaum Bernadette Niebaum correct address 5/1/00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIEBAUM, BERNADETTE 345 70 AVE STREET ST PETERSBURG BEACH FL 33706	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIEBAUM, DOUGLAS 345 70 AVE STREET ST PETERSBURG BEACH FL 33706	<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	Niebaum, Bernadette 345 70 AVE St Pete Bch FL 33706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Correct
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Niebaum, Douglas 345 70 AVE St Pete Bch FL 33706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Correct
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
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: Bernadette Niebaum Bernadette M Niebaum 5/1/00 (727)384-1036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)