

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90016 045 ***150.00

DOCUMENT # P99000009418

1. Entity Name

NHK CORP.

Principal Place of Business

8973 - 109TH LANE
 SEMIN OLE FL 33772

Mailing Address

8973 - 109TH LANE
 SEMIN OLE FL 33774-4633

2. Principal Place of Business

1771 GULF TO BAY BLVD

Suite, Apt. #, etc.

3. Mailing Address

13580 ANDOVA DRIVE

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

LARGO, FL

Zip

33755

Country

Zip

33774

Country

4. FEI Number

59-3556544

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VINCENT, MICHAEL S
8973 - 109TH LANE
SEMIN OLE FL 33772

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
19 NORTH NEPTUNE AVE

City **CLEARWATER**

FL

Zip Code **33765**

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

MICHAEL S. VINCENT

Michael Vincent

3/22/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D KOCH, NORBERT	8973 - 109TH LANE	SEMIN OLE FL 33772	<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	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		13580 ANDOVA DR.	LARGO, FL 33774	<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 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: **NORBERT KOCH** *Norbert Koch*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-00 **727-441-6880**
 Date Daytime Phone #



DO NOT WRITE IN THIS SPACE