## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 09, 2002 8:00 am Secretary of State DOCUMENT # P99000037663 1. Entity Name 05-09-2002 90070 013 \*\*\*150.00 NICK YESBIK CONSTRUCTION, INC. CHICALLY H arche acid Principal Place of Business Mailing Address 7031 NW 140TH STREET 7031 NW 140TH STREET CHIEFLAND FL 32626 CHIEFLAND FL 32626 2. Principal Place of Business 3. Mailing Address 13850 NW 60TH Avenue 13850 NW 5074 Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FL 59-3589164 hiet land FL thie fland Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 32626 ASH Fee Required 7<del>2</del>0 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) YESBIK, AMY L 530 NW 12TH DR. WAS SO TH AVENUE CHIEFLAND FL 32626 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P COLUMN TITLE \* \*-195 & 1 CR2E034 (9/01) Change ☐ Addition ☐ Delete TITLE YESBIK, NICK NAME NAME 13850 WW 60 TH AVENUE STREET ADDRESS STREET ADDRESS 530 NW 12TH DR. Chiefland, FL CITY-ST-ZIP CITY-ST-7IP CHIEFLAND FL 32626 VPC COOVER. TITLE COST ALS ☐ Delete TITLE ☐ Addition NAME NAME yesbik, amy l 13860 NW SOTH AVENUE STREET ADDRESS STREET ADDRESS 530 NW 12TH DRIVE CITY-ST-ZIP CITY-ST-ZIP Chirefland IFL CHIEFLAND FL 32626 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: