

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038074

1. Entity Name

NMT ENTERPRISES, INC.

R

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90153 016 \*\*\*150.00

Principal Place of Business

P.O. BOX 150428

ALTAMONTE SPRINGS FL 32715

Mailing Address

P.O. BOX 150428

ALTAMONTE SPRINGS FL 32715

2. Principal Place of Business

1250 Belle Av #109

Suite, Apt. #, etc.

#109

3. Mailing Address

1250 Belle Av #109

Suite, Apt. #, etc.

#109

City & State

Winter Springs, FL

City & State

Winter Springs, FL

Zip

32708

Country

USA

Zip

32708

Country

USA

4. FEI Number

59-357-2780

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

TILIAKOS, NICHOLAS

1250 BELLE AVENUE #109

WINTER SPRINGS FL 32708

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

Nicholas M. Tiliakos, CEO

(NOTE: Registered Agent signature required when reinstating)

DATE

7-17-00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
NICHOLAS M. TILIAKOS  
1250 Belle Av #109  
WINTER SP, FL 32708

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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:

*Nicholas M. Tiliakos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-00

Date

407-699-4747

Daytime Phone #

Attachment  
DHP9900038074  
DW73364

To whom it may concern,

I did not receive the 1st notice. This is my 1st year as a corporation, and I am still becoming aware of all my obligations, perhaps someone in your office made an honest oversight.

Next year I will be aware of this obligation and mail in the \$150 whether I receive the notice or not. Please accept a \$150 check for this year's payment - Thank you

- NICK ZILLAKOS  
President & CEO  
NMT ENTERPRISES  
(407) 699-4747