

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2000 8:00 am
Secretary of State

06-19-2000 90002 013 ***550.00

DOCUMENT # P99000079478

1. Entity Name

MARK NICHOLAS CONSTRUCTION, INC. ✓

Principal Place of Business

Mailing Address

**40421 U.S. HWY. 19 NORTH
 TARPON SPRINGS FL 34689**

**40421 U.S. HWY. 19 NORTH
 TARPON SPRINGS FL 34689-4816**

2. Principal Place of Business

3. Mailing Address

331 HIGH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TARPON SPRINGS, FL

4. FEI Number

454-21-4789

Applied For

Not Applicable

Zip

Country

Zip

Country

34689

FLORIDA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NICHOLAS, MARK
 40421 U.S. HWY. 19 NORTH
 TARPON SPRINGS FL 34689**

Name

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

City

FL

Zip Code

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.

(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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PTD	NICHOLAS, MARK		
40421 U.S. HWY. 19 NORTH	TARPON SPRINGS FL 34689		
VSD	NICHOLAS, SABRINA		
331 HIGH ST.	TARPON SPRINGS FL 34689		

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:

MARK NICHOLAS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-11-00 **(727) 463-3800**

CR 014 (MFD)