## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P99000082489**

Country

ELLIOTT, NADEGE

3019 S.E. 10TH AVENUE CAPE CORAL FL 33904 --

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

CONSTRUCTION MANAGEMENT, ENGINEERING, & INSPECTI

<u>_</u>		
Principal Place of Business	Mailing Address	
3019 S.E. 10TH AVENUE CAPE CORAL FL 33904	3019 S.E. 10TH AVENUE CAPE CORAL FL 33904-2953	
2. Principal Place of Business	3. Mailing Address	<del></del>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Delete

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12.

NAME

TITLE

NAME

TITLE NAME STREET ADDRESS

NAME

TITLE

NAME STREET ADDRESS

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

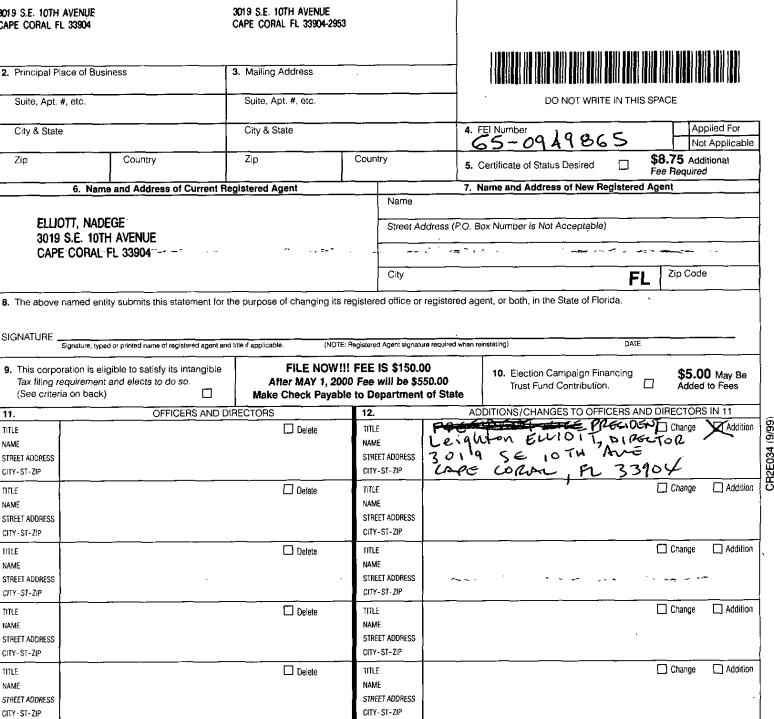
CITY-ST-ZIP

Name

City

## May 03, 2000 8:00 am Secretary of State

05-03-2000 90106 025 \*\*\*150.00



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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Change

Addition