

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087726

1. Entity Name

NIVETS COMMUNICATIONS INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90315 011 ***150.00

Principal Place of Business

Mailing Address

OFFICE PLAZA BLVD.,STE.403P
FL 34744

1342 E. VINE STREET.PMB 391
KISSIMMEE FL 34744-3655



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

800 OFFICE PLAZA BLVD

3. Mailing Address

800 OFFICE PLAZA BLVD

Suite, Apt. #, etc.

SUITE 403

Suite, Apt. #, etc.

SUITE 403

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

Zip

34744-4450 US

Zip

34744-4450 US

4. FEI Number

59-3601942

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBB, STEVEN JAMES
800 OFFICE PLAZA BLVD.,STE.403P
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name

STEVEN JAMES WEBB

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

800 OFFICE PLAZA BLVD

SUITE 403

City

KISSIMMEE

FL

Zip Code

34744-4450

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

SJ Webb

STEVEN JAMES WEBB

4/28/2000

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEVEN JAMES WEBB		
STREET ADDRESS	2120 EMPEROR DRIVE		
CITY-ST-ZIP	KISSIMMEE, FL 34744		
TITLE	S	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LINDA WEBB		
STREET ADDRESS	2120 EMPEROR DRIVE		
CITY-ST-ZIP	KISSIMMEE, FL 34744		
TITLE	VP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NORMAN THOMAS WEBB		
STREET ADDRESS	2120 EMPEROR DRIVE		
CITY-ST-ZIP	KISSIMMEE, FL 34744		
TITLE	T	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARRIE LYNN WEBB		
STREET ADDRESS	2120 EMPEROR DRIVE		
CITY-ST-ZIP	KISSIMMEE, FL 34744		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SJ Webb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN JAMES WEBB

Date

4/28/2000

Daytime Phone #

407-932-1002

CR2E034 (9/99)