## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # \$34665** Apr 23, 2000 8:00 am Secretary of State 1. Entity Name NUWORLD BUILDING CONTRACTORS, INC. 04-23-2000 90033 011 \*\*\*150.00 Principal Place of Business Mailing Address NU WORLD BUILDING CONTRACTORS INC. NUWORLD BUILDING CONTRACTORS INC 6315 FJORD WAY 6315 FJORD WAY NEW PORT RICHEY FL 34652-2046 **NEW PORT RICHEY FL 34652** 2. Principal Place of Business 3. Mailing Address 2626 SASINIUS BLUD 7626 JASMINIE BLUL Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3059202 RICHEY RICHEY Not Applicable Country 34668 \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LONGNECKER, SAMUEL C Street Address (P.O. Box Number is Not Acceptable) 6315 FJORD WAY **NEW PORT RICHEY FL 34652** 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition LONGNECKER, SAMUEL C. NAME NAME STREET ADDRESS 7026 JASMINE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL 34668 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change - Addition TITLE -□ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 OR DIRECTOR

4-17-00 727 819 1747