

<b>DOCUMENT # S34665</b>			
1. Entity Name <b>NUWORLD BUILDING CONTRACTORS, INC.</b>			
Principal Place of Business NUWORLD BUILDING CONTRACTORS INC 6315 FJORD WAY NEW PORT RICHEY FL 34652 US		Mailing Address NU WORLD BUILDING CONTRACTORS INC. 6315 FJORD WAY NEW PORT RICHEY FL 34652-2046 US	
2. Principal Place of Business 7026 JASMINE BLVD Suite, Apt. #, etc. City & State PORT RICHEY FL Zip 34668 Country US		3. Mailing Address 7026 JASMINE BLVD Suite, Apt. #, etc. City & State PORT RICHEY FL Zip 34668 Country US	
6. Name and Address of Current Registered Agent LONGNECKER, SAMUEL C 6315 FJORD WAY NEW PORT RICHEY FL 34652			Name Street Address City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required))			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			12.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONGNECKER, SAMUEL C. 7026 JASMINE BLVD PORT RICHEY FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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 607(b)(1) of the Internal Revenue Code because the information indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, 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			

SIGNATURE: *[Signature]* 4-17-00 727 819 1747  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 '9/93'