

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90167 046 ***150.00

DOCUMENT # S84363

1. Entity Name

NV SPECIALTIES, INC.

Principal Place of Business

Mailing Address

1919 SOUTH FIRST STREET
 LAKE CITY FL 32025
 US

1919 SOUTH FIRST STREET
 LAKE CITY FL 32025-5703
 US

AU021553



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1 FLORIDA PARK DRIVE SOUTH

1 FLORIDA PARK DRIVE SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 330

SUITE 330

City & State

City & State

PALM COAST, FLORIDA

PALM COAST, FLORIDA

4. FEI Number

59-3097127

Applied For

Not Applicable

Zip

Country

Zip

Country

32137

USA

32137

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLETTI, VINCENT
1919 SOUTH FIRST STREET
LAKE CITY FL 32025

Name

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

1 FLORIDA PARK DRIVE SOUTH

SUITE 330

City

PALM COAST

FL

Zip Code

32137

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

Vincent J Colletti

VINCENT J COLLETTI

2-8-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	COLLETTI, VINCENT	
STREET ADDRESS	212 BIRDIE LANE	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	COLLETTI, NORINE	
STREET ADDRESS	212 BIRDIE LANE	
CITY-ST-ZIP	LAKE CITY FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	52 RIVERS EDGE LANE	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	52 RIVERS EDGE LANE	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTA COLLETTI	
STREET ADDRESS	52 RIVERS EDGE LANE	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(l), 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:

Norine Colletti
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORINE COLLETTI 2-8-2000 904-447-8234

Date

Daytime Phone #

CR2E034 (9/99)