

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097528

1. Entity Name
NIEPORTE CONSTRUCTION, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90048 025 ***150.00

Principal Place of Business
1983 N. 1120 W
PROVO UT 84604

Mailing Address
1983 N. 1120 W
PROVO UT 84604-1183



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 970384
Suite, Apt. #, etc.

City & State
Oremy, UT

4. FEI Number
87-0622090

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip
84097

Country
USA

6. Name and Address of Current Registered Agent
NIEPORTE, JON
14304 FREDRICKSBURG DRIVE, #411
ORLANDO FL 32837

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
UT
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]* DATE 1/03/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P NIEPORTE, JON 14304 FREDRICKSBURG DRIVE, #411 ORLANDO FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. NIEPORTE, JON 1983 North 1120 West PROVO, UT 84604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* DATE: 2/03/00 DAYTIME PHONE #: 801 636-1944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)