2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the rechanged, or on an attachmen

SIGNATURE:

FILED Feb 07, 2000 8:00 am Secretary of State **DOCUMENT # 226407** NEUKOM PROPERTIES, INC. 02-07-2000 90060 037 ***150.00 Mailing Address Principal Place of Business PO BOX 1647 FAIRVIEW HEIGHTS RD ZEPHYRHILLS FL 33539-1647 ZEPHYRHILLS FL 33539 **ロロロエエロエサ** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-6058187 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required - -- 7. Name and Address of New Registered Agent - --6. Name and Address of Current Registered Agent Name NEUKOM, ANN BROOKE Street Address (P.O. Box Number is Not Acceptable) 38444 5TH AVENUE (MAILING ADDRESS) ZEPHRYHILLS FL 33540 FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. Addition TITLE ☐ Change ☐ Delete TITI F NEUKOM JR GEORGE A NAME NAME 38444 5TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ZEPHYHILLS FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NEUKOM, ANN BROOKE NAME NAME STREET ADDRESS 38444 5TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL Change Addition ☐ Delete TITLE TITLE OAKLEY, TAMARA NEUKOM NAME NAME STREET ADDRESS PO BOX 4170 N/A STREET ADDRESS LAKE WALES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition ☐ Delete TITLE TITLE NEUKOM, GEORGE A., III NAME NAME 38444 5TH AVENUE STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-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 in at 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 region or trustee empowered to executive is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in