

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 388362

1. Entity Name

NEUOTRONICS, INC.

Principal Place of Business

4609 NW 6TH STREET
SUITE B-5
GAINESVILLE FL 32609
US

Mailing Address

20825 NE 132 AVENUE
WALDO FL 32694-4434

2. Principal Place of Business

102 NE 10th Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Zip

Zip

Country

32601

Country

U.S.A.

6. Name and Address of Current Registered Agent

4. FEI Number

59-1410850

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

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)

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

TITLE CSD
NAME SMITH, DARI
STREET ADDRESS 700 S.W. 16TH PLACE
CITY-ST-ZIP GAINESVILLE FL

TITLE PD
NAME SMITH, JACK
STREET ADDRESS 20825 NE 132 AVENUE
CITY-ST-ZIP WALDO FL 32697

TITLE VD
NAME MCCARTHY-SMITH,
STREET ADDRESS 20825 NE 132 AVENUE
CITY-ST-ZIP WALDO FL 32697

TITLE C
NAME SHANAHAN, STACI
STREET ADDRESS 9341 EAST BAY HARBOR DR, #7-10
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90177 011 ***150.00

00004840



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)