

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 562053

1. Entity Name

W.A. NEUMANN CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

29414 PRINCEVILLE DR.  
SAN ANTONIO FL 33576

P.O. BOX 596  
ZEPHYRHILLS FL 33559-0596  
US

2. Principal Place of Business

11828 MAGNOLIA ST.

3. Mailing Address

P.O. BOX 1207

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAN ANTONIO, FL

City & State

SAN ANTONIO, FL

4. FEI Number

59-1819167

Applied For

Not Applicable

Zip

33576

Country

USA

Zip

33576-1207

Country

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

GIBBS, A.P.  
37911 HEATHER PLACE  
DADE CITY FL 33525

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	NEUMANN, WARREN A J	
STREET ADDRESS	29414 PRINCEVILLE DR.	
CITY-ST-ZIP	SAN ANTONIO FL 33576	
TITLE	V	<input type="checkbox"/> Delete
NAME	NEUMANN, JASON W	
STREET ADDRESS	29414 PRINCEVILLE DR.	
CITY-ST-ZIP	SAN ANTONIO FL 33576	
TITLE	TS	<input type="checkbox"/> Delete
NAME	NEUMANN, TERESA K	
STREET ADDRESS	29414 PRINCEVILLE DR.	
CITY-ST-ZIP	SAN ANTONIO FL 33576	
TITLE	V	<input type="checkbox"/> Delete
NAME	PIERCEY, JEREMY M	
STREET ADDRESS	29414 PRINCEVILLE DR.	
CITY-ST-ZIP	SAN ANTONIO FL 33576	
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	11828 MAGNOLIA ST.	
CITY-ST-ZIP	SAN ANTONIO, FL 33576	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11828 MAGNOLIA ST.	
CITY-ST-ZIP	SAN ANTONIO, FL 33576	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11828 MAGNOLIA ST.	
CITY-ST-ZIP	SAN ANTONIO, FL 33576	
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)(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 line empowered.

SIGNATURE:

*Teresa K. Neumann* - TERESA K. NEUMANN

1/13/00 813-782-9080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90159 025 \*\*\*158.75

803576



DO NOT WRITE IN THIS SPACE