## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 656492

1. Entity Name

NEALE PHYPERS OF FLORIDA, INC.



## FILED Jul 27, 2004 8:00 am Secretary of State

07-27-2004 90035 043 \*\*\*150.00

	OO NOT WRITE	E IN THIS S	PACE		£	
2. Principal Place of Business		3. Mailing Address		54064908		
529 N Ferncreek Avenue		529 N Ferncreek Avenue		- 200 1000		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number	Applied For	
Orlando FL		Orlando FL		34-1300504	Not Applicable	
Zip 32801	Country	Zip 32801	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
To Constant on the			Control of	7. Name and Address of Current Registere	ed Agent	
	and the second of the second o		Name MTC	HAEL SIMONELLI		
DO NOT WE			(100 Person 20)	P.O. Box Number is Not Acceptable)		
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. IN THIS SPACE				529 N Ferncreek Avenûe		
			City Zin Code			
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the obligati	named entity submits this statement i ions of registered agent.	or the purpose of changing t	is registered office or registe	ered agent, or both, in the State of Florida. I am	tamiliar with, and accept	
SIGNATURE _	Signature, typed or printed name of registered agen	t and title if applicable. (NO	OTE: Registered Agent signature require	d when reinstating) DATE	<del></del>	
	uary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	of State		9. Election Campaign Financing Trust Fund Contribution.  [	\$5.00 May Be Added to Fees	
10.	· · · OFFICERS ANI	DIRECTORS *	* * * * * * * * * * * * * * * * * * *		galagi menjagaj menjako nga milindri ne malaki ne ngalakingan. Nga 1885 - Panganan Santan	
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	CHAGRIN FALLS OH 44022					
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12. Thereby o	ertify that the information supplied wi	th this filing does not qualify:	for the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further co	ertify that the information	

2. Thereby 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-2004

(216) 524-9797

Daytime Phone #

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32E034B (12/02)

Affachment

54064908 #656492

## NEALE PHYPERS OF FLORIDA, INC.

529 North Ferncreek Avenue

Orlando, Florida 32802-2789

(407)895-2500

July 16, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: 2004 Uniform Business Report

To Whom It May Concern:

This is the second year that we did not receive a UBR Form. We were not aware of the omission until we received the "Notice of Intent to Dissolve" form. We are puzzled as to why this is occurring because we have been at the same address for the past nine years. Enclosed is our completed 2004 Form which I requested from your office on July 7<sup>th</sup>. In view of the ongoing problem, we respectfully request that we pay only the \$150.00 fee for which our check is enclosed.

Sincerely,

NEALE PHYPERS OF FLORIDA, INC.

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Michael Zuber

President

MZ:kk Enclosures