

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

07-31-2003 90066 047 \*\*\*150.00

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**DOCUMENT # 656492**

1. Entity Name  
**NEALE PHYPPERS OF FLORIDA, INC.**



Principal Place of Business  
**529 N FERNCREEK AVENUE  
ORLANDO FL 32801  
US**

Mailing Address  
**529 N FERNCREEK AVENUE  
ORLANDO FL 32801  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **34-1300504**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**SIMONELLI, MICHAEL  
529 N FERNCREEK AVENUE  
ORLANDO FL 32803**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDT** ☐ Delete  
NAME **ZUBER, MICHAEL**  
STREET ADDRESS **6060 ROCKSIDE WOODS BLVD**  
CITY-ST-ZIP **INDEPENDENCE OH**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BROWN, DON P**  
STREET ADDRESS **10 CENTER STREET**  
CITY-ST-ZIP **CHAGRIN FALLS OH**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☒ Delete  
NAME **ZUBER, ROBERT D.**  
STREET ADDRESS **6060 ROCKSIDE WOODS BLVD**  
CITY-ST-ZIP **INDEPENDENCE OH**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MICHAEL ZUBER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-23-03 216-524-9797**  
Date Daytime Phone #

CR2E034 (4/03)

*Attachment*  
80134704  
656492

NEALE PHYPERS OF FLORIDA, INC.

529 North Ferncreek Avenue

Orlando, Florida 32802-2789

(407)895-2500

July 25, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

We just received our 2003 Uniform Business Report, and this was our first notice. In view of this, we respectfully request that we pay only the \$150.00 fee for which our check is enclosed.

Sincerely,

NEALE PHYPERS OF FLORIDA, INC.

*Michael Zuber*  
Michael Zuber  
President

MZ:kk  
Enclosures