

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F46533

1. Entity Name

NEUROCORP, INC.

Principal Place of Business

1500 NW 10 AVE
STE 105
BOCA RATON FL 33486

Mailing Address

1500 NW 10 AVE
STE 105
BOCA RATON FL 33486-1344

2. Principal Place of Business

170 Blue Moon Ave

Suite, Apt. #, etc.

3. Mailing Address

170 Blue Moon Ave

Suite, Apt. #, etc.

City & State

Lake Placid, Florida

City & State

Lake Placid, Florida

Zip

33852

Country

USA

Zip

33852

Country

4. FEI Number

59-2147342

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILK, RONALD L
1500 NW 10TH. AVE. #105
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Elaine Zielinski

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

170 Blue Moon Ave

City

Lake Placid

FL

Zip Code

33852

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 Elaine Zielinski

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/22/00

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	V	<input checked="" type="checkbox"/> Delete
NAME	WILK, RONALD L	
STREET ADDRESS	1500 NW 10 AVE #105	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BILLYN, RICHARD S	
STREET ADDRESS	1500 NW 10 AVE #105	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZIELINSKI, ROBERT	
STREET ADDRESS	951 NW 14TH ST #3A	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
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<input type="checkbox"/> Change	<input type="checkbox"/> Addition

170 Blue Moon Ave
Lake Placid, FL 33852

President

Elaine Zielinski

170 Blue Moon Ave
Lake Placid, FL 33852

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: Elaine Zielinski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00

Date

Daytime Phone #

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90031 045 ***150.00

C0048066



DO NOT WRITE IN THIS SPACE