

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90003 039 ***158.75

0114709 AV

DOCUMENT # F66683

1. Entity Name

NEOS TECHNOLOGIES, INC.

Principal Place of Business

% EDDIE H. YOUNG
4300 C FORTUNE PL
WEST MELBOURNE FL 32904

Mailing Address

% EDDIE H. YOUNG
4300 C FORTUNE PL
WEST MELBOURNE FL 32904

2. Principal Place of Business

c/o Robert V. Belfatto, Sr.

Suite, Apt. #, etc.
4300 C Fortune Place

City & State
West Melbourne FL 32904

Zip Country
32904 USA

3. Mailing Address

c/o Robert V. Belfatto, Sr.

Suite, Apt. #, etc.
4300 C Fortune Place

City & State
West Melbourne FL 32904

Zip Country
32904 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2159335

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG, EDDIE H.
4300 C FORTUNE PL
WEST MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name
Belfatto, Sr., Robert V.
Street Address (P.O. Box Number is Not Acceptable)
4300 C Fortune Place
City
West Melbourne FL Zip Code
32904

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

Robert V. Belfatto, Sr.

Robert V. Belfatto, Sr., January 7, 2002

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

(NOTE: Registered Agent signature required when reinstating)

President

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNG, EDDIE H. 617 SPRING LAKE DR. MELBOURNE FL 32940	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BELFATTO, ROBERT VANCE 505 2ND AVE MELBOURNE BEACH FL 32951	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Belfatto, Sr., Robert V. 505 Second Avenue Melbourne Beach, FL 32951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Robert V. Belfatto, Sr.
SIGNATURE REQUIRED

Robert V. Belfatto, Sr., President 1/7/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2034 (9/01)