## 2901 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # G42842**

1. Entity Name

NEDA, INC. OF DESTIN

## FILED May 16, 2001 8:00 am Secretary of State 05-16-2001 90260 026 \*\*\*150.00

Principal Pla	ce of Busines	S	Mailing Address								
110 GULF SHORE DR #722 DESTIN FL 32541			2919 E VICTORIA ST RANCHO DOMINGUEZ CA 90221 US				Αυυσοστσ				
2. Principal f	Place of Busir	ness	3. Mailing Address								
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Suite, Apt. #, etc.			Suite, Apt. #, etc.				. DO NOT WRITE IN THIS SPACE				
City & State			City & State			4.	4. FEI Number 59-2305718 Applied For 58-2196018 Not Applicable				
Zip	Country		Zip	Zip Country		5.	5. Certificate of Status Desired				
	6. Name	and Address of Current	egistered Agent			7	7. Name and Address of New Registered Agent				
		,			Name		Hame and Address of New York	- Yalatorea P	<u>igent</u>	<del>.</del>	1
	NER, JOHN		Stroot Address			ddroos (P.O. I	(P.O. Box Number is Not Acceptable)				
	3 HWY 98 E Tin FL 3254		Street Address (			duress (P.O. i	Box Number is Not Acceptable	) 			
DES	IIN FL 3234	11									
					City			FL	Zip Cod	e	1
8. The above	named entity	submits this statement for	the purpose of changing its	registere	ed office o	r registered ag	gent, or both, in the State of Flo	rida.			1
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	d Agent signat	ure required when r	einstating)	DATE			
							1				-
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 \$15 After MAY 1, 2001 Fee will be Make Check Payable to Department			550.00	10. Election Campaign Fina Trust Fund Contribution			<b>0</b> May Be I to Fees	
11.		OFFICERS AND I	DIRECTORS	12.		AC	DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	1
TITLEC	DP Delete			TITLE		DP		<b>∑</b> Change	☐ Addition	3	
NAME STREET ADDRESS	CARNER,	JUHN W. SHORE DR. #604		NAM	et address	CARNE	ARNER, JOHNEW.				15
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NAME		), RICHARD T.		NAM					C change		(
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CITY-ST-ZIP		DOMINGUEZ CA	·	CITY	-ST-ZIP			<del> </del>			]
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	ertify that the	information supplied with t	his filling riage not qualify for			od in Costine	110.07/9/6) Florida Otatida - 1	uethor '			
hateaihni	on this report	or pupplemental report in	and ming occurring for	uic exel	ubaoit žigi	eu III 38011011 .	119.07(3)(i), Florida Statutes. I i	urmer certi	ay inai the in	normation	i

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 higher like empowered.

SIGNATURE:

SIGNATURE AND TYPE DOT PHINTSO NAME OF SIGNING OFFICER OR DIRECTOR

(310)637-150p