

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H15244

1. Entity Name
NERAK, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90003 044 ***150.00

Principal Place of Business

Mailing Address

5120 OAKSIDE DR
JACKSONVILLE FL 32244
US

5120 OAKSIDE DR
JACKSONVILLE FL 32244-4724
US

2. Principal Place of Business

3. Mailing Address

426 S. 18th STREET

PO BOX 2484

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALATKA FL

City & State

PALATKA FL

4. FEI Number

59-2711857

Applied For

Not Applicable

Zip

Country

Zip

Country

32177

PUTNAM

32178

PUTNAM

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

JONES, TEDDY H.
5120 OAKSIDE DRIVE
JACKSONVILLE FL 32244

Name

JONES, TEDDY H.

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

426 S 18th ST

City

PALATKA

FL

Zip Code

32177

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 TEDDY H JONES DVM

(NOTE: Registered Agent signature required when registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVM	<input type="checkbox"/> Delete
NAME	JONES, TEDDY H	
STREET ADDRESS	5120 OAKSIDE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WIMBERLY, MARGARET E	
STREET ADDRESS	120 CROUSE LN.	
CITY-ST-ZIP	FORAHOME 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DVM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, TEDDY H	
STREET ADDRESS	426 S 18th STREET	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

TEDDY H JONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2000

Date

328-5310

Daytime Phone #

CR2E034 (9/99)