

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90067 020 ***150.00

DOCUMENT # H15244

1. Entity Name
NERAK, INC.

Principal Place of Business

426 S 18TH ST
PALATKA FL 32177
US

Mailing Address

PO BOX 2484
PALATKA FL 32178
US

2. Principal Place of Business

120 CROUSE LN
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 434
Suite, Apt. #, etc.

City & State

FORA HOME

City & State

FORA HOME

4. FEI Number 59-2711857

Applied For

☒ Not Applicable

Zip

32140

Country

POTNAM

Zip

32140

Country

POTNAM

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.
426 S. 18TH ST
PALATKA FL 32177

Name
WIMBERLY MARGARET E

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

120 CROUSE LN

City

FORA HOME

FL

Zip Code

32140

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 MARGARET E WIMBERLY

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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
NAME JONES, TEDDY H
STREET ADDRESS 426 S 18TH ST
CITY-ST-ZIP PALATKA FL 32177 ☒ Delete

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

TITLE DP
NAME WIMBERLY, MARGARET E
STREET ADDRESS 120 CROUSE LN.
CITY-ST-ZIP FORAHOME FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)