## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## H35405 **DOCUMENT #**

1. Entity Name NEON, INC.



## **FILED** Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90162 006 \*\*\*150.00

Mailting Authorses   Mailting										
Suite, Apt. #, etc.	% MARSHALL 112 S MAGNO OCALA FL 34	w. White. III Dlia avenue	% MARSHA! 112 S MAGI OCALA FL : US	% MARSHALL W. WHITE. III 112 S MAGNOLIA AVENUE OCALA FL 34474						
City & State    City & State   Country   City & State   Country	2. Principal P	lace of Business	3. Mailing Ad	3. Mailing Address			O CEROTORI ORBE STEEL DELLE DEDIT BETTEL BLEE		<b>                                  </b>	
Section   Sect	Suite, Apt.	#, etc.	Suite, Apt	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
S. Cerimosas of Status Duestred   Fee Required  1. Name and Address of New Registered Agent  Name    Name   Street Address (P.O. Box Number is Not Acceptable)	City & Stat	е	City & State			4. FE	59-2485487	J		
WHITE, MARSHALL W, III 112 S MAGROUJA AVENUE  COCALA FL 32670  6. 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. I am familiar with, and accept the fire of the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the fire of the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the fire of the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the fire of the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the fire of the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the fire of the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the fire of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the fire of the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the fire of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the fire of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the fire of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the fire of Florida. I am familiar with, and accept the fire of the familiar with, and accept the fire of the familiar with, and accept the familiar	Zip	Country	Zip	Co	puntry	<b>5.</b> C	ertificate of Status Desired			
WHITE, MARSHALL W., III 112 S MAGRIOLIA AVENUE OCALA FL 32870  City FL Zip Code  Cit		6. Name and Address of Current	Registered Age	l ∍nt		7. Na	ame and Address of New Registere	d Agent		
112 S MAGRIOLIA AVENUE OCALA FL 32670  City  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City					Name					
R. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature				Street Address	s (P.O. Bo	x Number is Not Acceptable)				
R. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature	OCALA FI	32670								
SIGNATURE    SUMMAND   FILE NOW!!!   FEE IS \$150.00   After May 1, 2003 Fee will be \$\$50.00   Make Check Payable to Florida Department of State   10.	33.2				City		F	L Zip Coo	de	
SIGNATURE    Signature   Symbol or infinited name of registered apent and size if applicable   NOTE Registered Agent signature required when retritation;)   DATE			or the purpose of	changing its regis	tered office or regist	tered age	nt, or both, in the State of Florida. I ar	n familiar with,	and accept	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STD DEL TORO, ROBERTA C. 2115 SE 6 TERR OCALA FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE N	SIGNATURE .						DATE			
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS		Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Regis	tered Agent signature requi	irea when rein	istaing)	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	After May 1, 2003 Fee will be \$550.00									
TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE   DELL TORO, ROBERTA C.   2115 SE 6 TERR   OCALA FL   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP    Change   Addition   Addition   Addition   Addition   Addition   Addition   Change   Addition   Addition   Addition   Change   Addition   Addition   Addition   Addition   AME   STREET ADDRESS   CITY-ST-ZIP    Change   Addition   Addition   AME   STREET ADDRESS   CITY-ST-ZIP		<u> </u>		<b>_</b>	11.	ADE	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 11	
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TITLE Delete TITLE Unange Addition  NAME  STREET ADDRESS  STREET ADDRESS	TITLE NAME		- :		NAME			Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP