

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90069 050 \*\*\*150.00

**DOCUMENT # J37975**

**1. Entity Name**  
**NEALIS PLUMBING, INC.**

**Principal Place of Business**

**3080 W. WHITON RD**  
**AVON PARK FL 33825**

**Mailing Address**

**3080 W. WHITON RD**  
**AVON PARK FL 33825**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number** **59-2746869**

Applied For

Not Applicable

**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**

**NEALIS, RICHARD L.**  
**3080 W. WHITON RD.**  
  
**AVON PARK FL 33825**

Name

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

City

**FL**

Zip Code

**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**

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 NAME STREET ADDRESS CITY-ST-ZIP	PT NEALIS, RICHARD L. 3080 W WHITON RD. AVON PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS NEALIS, KAREN C. 3080 W WHITON RD. AVON PARK FL	<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"/> Change <input type="checkbox"/> Addition
Vice President Nealis, Mark C 2780 N Tyler Road Avon Park, Fl. 33825		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Secretary Nealis, Karen C 3080 W Whiton Rd Avon Park, Fl. 33825		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<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:**

*Richard L Nealis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard L Nealis P/T

1/15/2001

863-453-4108

Date

Daytime Phone #

CR2E034 (10/00)