## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 1. Entity Name

J92271



**FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91453 009 \*\*\*150.00

NEIAWI	NDOSTRIES, INC.			7		
Principal Place of Business 707 COMMERCE WAY JUPITER FL 33458 US		Mailing Address 707 COMMERCE WAY JUPITER FL 33458 US				
2. Principal Place of Business		3. Mailing Address			6 8   0 0   1 1    6      5	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2844782	Applied For Not Applicable	
Zip	Country	Zip	Country		3.75 Additional e Required	
				7: Name and Address of New Registered Ag	ent	
			Name	,		
(	S, RICHARD W IMERCE WAY		Street Address	s (P.O. Box Number is Not Acceptable)		
JUPITER FL 33458						
,			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. I am familiar with, and accept the obligations of registered agent.						
1						
SIGNĄJURE.	Signature, typed or printed name of registered agent ar	nd title it applicable. (I	NOTE: Registered Agent signature require	red when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV STEEVES, RICHARD W. 22 CAMBRIA RD WEST PALM BCH GARDENS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	

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.

**SIGNATURE:** 

CR2E034 (10/02)