

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K02315

1. Entity Name

LUCERA, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90126 021 ***550.00

Principal Place of Business

48 TEMPLEWOOD CT
 MARCO ISLAND FL 34145
 US

Mailing Address

P O BOX 638
 MARCO ISLAND FL 34146-0638
 US

2. Principal Place of Business

950 N. COLLIER BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARCO ISLAND

City & State

Zip

Country

Country

4. FEI Number

65-0017797

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NEALE, PATRICK H ESQ
 48 TEMPLEWOOD CT
 MARGO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name NEALE, PATRICK, H., ESQ.
 Street Address (P.O. Box Number is Not Acceptable)
 950 N. COLLIER BLVD, SUITE 411
 City MARCO ISLAND FL Zip Code 34145

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, 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

TITLE DP
 NAME NEALE, PATRICK
 STREET ADDRESS 48 TEMPLEWOOD COURT
 CITY-ST-ZIP MARCO ISLAND FL ☐ Delete

TITLE DS
 NAME NEALE, MARY
 STREET ADDRESS 48 TEMPLEWOOD COURT
 CITY-ST-ZIP MARCO ISLAND FL ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK H. NEALE

Date

Daytime Phone #

5/8/00 941642-1485

CR2E034 (9/99)