

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90855 001 *1,050.00

DOCUMENT # L35315

1. Entity Name
NEPTUNE ENTERPRISES, INC.



Principal Place of Business
**201 FRONT ST.
BLDG 21. SUITE 109
KEY WEST FL 33040
US**

Mailing Address
**P. O. BOX 6446
KEY WEST FL 33041-6446
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2995475**

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

**NORQUOY, PETER
1622 LAIRD ST.
KEY WEST FL 33040**

Name **PETER NORQUOY**
Street Address (P.O. Box Number is Not Acceptable) **41 FLORAL AVE.**
KEY WEST, FL 33040
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/03

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 DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **NORQUOY, PETER**
STREET ADDRESS **1622 LAIRD ST.**
CITY-ST-ZIP **KEY WEST FL**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **NORQUOY, PETER**
STREET ADDRESS **41 FLORAL AVE**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/03 305-284-2369

Date Daytime Phone #

CR2E034 (10/02)