

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 03, 2000 08:00 AM****Secretary of State****DOCUMENT # M20532**

1. Entity Name

NEPTON OF TAMPA, INC.

Principal Place of Business

ONE SE 3RD AVE
SUITE 2130
MIAMI
33131

FL

Mailing Address

ONE SE 3RD AVE
SUITE 2130
MIAMI
33131

US

FL

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

59-2588203

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCORPOLITE CORPORATION
ONE SOUTHEAST THIRD AVENUE
SUITE 2130
MIAMI
33131

FL

7. Name and Address of New Registered Agent

Name

COPOLITE CORPORATION

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

ONE SOUTHEAST THIRD AVENUE

SUITE 2130

City
MIAMI

FL

Zip Code
33131

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 **STEPHEN A. BLASS****04/03/2000**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE VSD ☐ Delete
NAME CALVERT YVONNE
STREET ADDRESS 1 SE 3RD AVENUE #2130
CITY-ST-ZIP MIAMI FLTITLE PTD ☐ Delete
NAME JACKSON CARLA
STREET ADDRESS 1 SE 3RD AVE #2130
CITY-ST-ZIP MIAMI FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE VSD ☒ Change ☐ Addition
NAME CALVERT YVONNE
STREET ADDRESS 1 SE 3RD AVENUE #2130
CITY-ST-ZIP MIAMI FL 33131TITLE PTD ☒ Change ☐ Addition
NAME JACKSON CARLA
STREET ADDRESS 1 SE 3RD AVENUE #2130
CITY-ST-ZIP MIAMI FL 33131TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: YVONNE CALVERT

Y

04/03/2000