

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N97000006232**

1. Entity Name

**INTERNATIONAL NEON ASSOCIATION, INC.****FILED****May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 91094 016 \*\*\*\*61.25

0031638

Principal Place of Business

6640 20TH ST. #1038  
VERO BEACH FL 32966

Mailing Address

6640 20TH ST. #1038  
VERO BEACH FL 32966

2. Principal Place of Business

3. Mailing Address

**PO BOX 690743**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**VERO BEACH FL**

Zip

Country

Zip

Country

**32969****USA**

4. FEI Number

**65-0799251**

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 Agent

**NOVOTNY, JOHN J  
2580 84TH TERRACE  
VERO BEACH FL 32966**

7. Name and Address of New Registered Agent

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

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	NOVOTNY, JOHN	
STREET ADDRESS	2580 84TH TERRACE	
CITY-ST-ZIP	VERO BEACH FL 32966	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	GREAGER, WILLIAM	
STREET ADDRESS	648 NORNANDY ROAD	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	ZORN, COR	
STREET ADDRESS	9566 TE VEELERVEEN	
CITY-ST-ZIP	THE NETHERLANDS	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	NUTTING, GARY	
STREET ADDRESS	535 NORTH 15TH AVENUE	
CITY-ST-ZIP	PHOENIX AZ 85007	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 617, 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

Date

Daytime Phone #

**561-770-5630****04-21-01**

CR2E037 (10/00)