2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900006086

1. Entity Name



FILED Mar 17, 2003 8:00 am Secretary of State

NEIGHBO	DRS AGAINST STORMWATER	POLLUTION, INC.			03-17-200	3 90000 03901	1.23
Principal Place of Business 4707 CHEROKEE ROAD TAMPA FL 33629 US		Mailing Address P O BOX 320935 TAMPA FL 33679 US		 	HI 85 HI 88 HI 8 8 HI 88H 88HI 88H 8	5 // 0 3 /// (10)	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HER	E IF MAKING CHANGES	\$
City & State		City & State		4. FEI Number 59-3652822 Applied For			
Zip	Country	Zip	Country	··	5. Certificate of Status Desired	\$0.75 A	lot Applicable
	6. Name and Address of Current	Registered Agent			7. Name and Address of New		eu
			Nám		***************************************		
	H. VANCE		Street Address		(P.O. Box Number is Not Acceptable)		
	RTH TAMPA STREET						
SUITE 2	120 FL 33602						
17mi 7 i	£ 33002		City			FL Zip Coo	de
8. The above	e named entity submits this statement fo	the purpose of changing	its registered office	or registere	ed agent, or both, in the State of F	· -	and accept
the obliga	ations of registered agent.			_	-		
0/04/4#/105							
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (No	OTE: Registered Agent sig	nature required	when reinstating)	DATE	
FILE NOW: FEE IS \$61.25 9. Election Camp Trust Fund Co			ampalgn Financing I Contribution.	· _		ake Check Payable	
10.	OFFICERS AND DIF	ECTORS	11.	Α	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN	v 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEEL, C. JOSEPH III 5210 THONOTOSASSA ROAD PLANT CITY FL 33565	Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	Scc \$ 470	OTT HENDRY 16 LAUREL ROAD 18A FL 33629	☐ Change	Addition
TITLE	PD	☐ Delete	TITLE	VPI		Change	Addition
NAME	ROMANO, BARBARA		NAME	'' ') A single	
STREET ADDRESS			STREET ADDRES	s			[
CITY-ST-ZIP	TAMPA FL 33609			<u> 교육는 .</u>	<u> </u>		
TITLE NAME	CARASTRO, HELEN J	Delete	TITLE	TP.	mmanu Emman	Change	☐ Addition
STREET ADDRESS	4809 W BAY COURT	•	NAME STREET ADDRES	JEN	FREY FISHMAN		
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST-ZIP	70,	IPA FL 33629		
TITLE	SD	☐ Delete	TITLE	1798	IPH FE DOGET	☐ Change	☐ Addition
NAME	MULDER, SANDRA		NAME			Onlings	
STREET ADDRESS	4707 CHEROKEE RD		STREET ADDRESS	s			
CITY-ST-ZIP	TAMPA FL 33629		CITY-ST-ZIP	<u> </u>			
TITLE	D NGOOD HILE	Delete	TITLE	₽ .	·D .	☐ Change	Addition
NAME STREET ADDRESS	ALGOOD, JULIE 3303 SHAMROCK RD		NAME STREET ADDRESS		BOURGEOIS		
CITY-ST-ZIP	TAMPA FL 33629		CITY-ST-ZIP	1	S CHENOKEE ROAD		
TITLE	D	□ Delete	TITLE	IMM	<u>Pa Fl 33629</u>	Change	☐ Addition
NAME	BOURKARD, E R JR	C Delete	NAME			∟ change	☐ Addition
STREET ADDRESS	4907 SPRING LAKE DR		STREET ADDRESS	5			
CITY-ST-ZIP	TAMPA FL 33629		CITY-ST-ZIP	1			{

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:

813-837-6325