

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90446 022 ***150.00

DOCUMENT # P00000007266

1. Entity Name

NEU'S TILE SPECIALISTS INC.

Principal Place of Business

13703 RICHMOND PARK DR N. #2904
JACKSONVILLE FL 32224

Mailing Address

13703 RICHMOND PARK DR N. #2904
JACKSONVILLE FL 32224

2. Principal Place of Business

740 GENEVA CT

3. Mailing Address

740 GENEVA CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE

4. FEI Number

59-3631774

Applied For

Not Applicable

Zip

32259

Country

Zip

32259

Country

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

NEU, JASON

13703 RICHMOND PARK DR N. #2904
JACKSONVILLE FL 32224

Name

NEU, JASON

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

740 GENEVA CT

City

JACKSONVILLE

FL

Zip Code

32259

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)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT - DIREC
JASON NEU
740 GENEVA CT
JACKSONVILLE, FL 32259

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V. PRES. - SECRETARY-DIREC
ALISON NEU
740 GENEVA CT
JACKSONVILLE, FL 32259

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP
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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

Date

Daytime Phone #

4.6.2001

904.237.6563

CR2E034 (10/00)

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