## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 05, 2001 8:00 am Secretary of State DOCUMENT # P0000047539 NEON LEON, II, INC. 02-05-2001 90103 045 \*\*\*150.00 Mailing Address Principal Place of Business 338 PINE GLEN COURT 338 PINE GLEN COURT ENGLEWOOD FL-34223\* ENGLEWOOD FL 34223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-095873/ City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FASKE, GARRY ESQ. Street Address (P.O. Box Number is Not Acceptable) 11900 BISCAYNE BLVD. SUITE 616 NORTH MIAMI FL 33181 City Zip Code FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. TITLE ☐ Addition TITLE ☐ Delete FISHER, LEON NAME NAME STREET ADDRESS 338 PINE GLEN COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ENGLEWOOD FL 34223** Change ☐ Addition ☐ Delete TITLE TITLE FISHER, JANET NAME NAME 338 PINE GLEN COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ENGLEWOOD FL 34223 TITI F Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition Change NAME NAME STREET ADDRESS 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

**SIGNATURE:** 

changed, or on an attachment with

NAME OF SIGNING OFFICER OR DIRECTOR

ner like empowered.

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