

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91165 039 ***150.00

DOCUMENT # **P000000073692** ✓

1. Entity Name

NEIMAN & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

B0061962

2. Principal Place of Business

239 SALVADOR SQ.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 140094

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WINTER PARK, FL

City & State

ORLANDO, FL

4. FEI Number

59-3663004

Applied For

Not Applicable

Zip

32789

Country

US

Zip

32814

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NORMAN NEIMAN

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

239 SALVADOR SQUARE

City

WINTER PARK, FL

Zip Code

32789

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **CHIEF EXECUTIVE OFFICER**
NAME **BONNIE G. NEIMAN**
STREET ADDRESS **239 SALVADOR SQUARE**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CHIEF OPERATING OFFICER**
NAME **NORMAN NEIMAN**
STREET ADDRESS **239 SALVADOR SQUARE**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE
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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 on an attachment with an address, with an other like empowered.

SIGNATURE:

[Signature]

NORMAN NEIMAN

3/28/02

407-257-8515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)