

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000005059**1. Entity Name
NEON DELIGHTS, INC.**FILED**
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90063 015 ***150.00

Principal Place of Business
**5949 TENNESSEE AVENUE
NEW PORT RICHEY FL 34652**Mailing Address
**5949 TENNESSEE AVENUE
NEW PORT RICHEY FL 34652**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

593688277

Applied For

Not Applicable

Zip

Country

Zip

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

**FINN, THOMAS R
5949 TENNESSEE AVENUE
NEW PORT RICHEY FL 34652**

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. I am familiar with, and accept the obligations of registered agent.

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) ☒**FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D FINN, THOMAS R**
STREET ADDRESS **5949 TENNESSEE AVENUE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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NAME
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 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 #

9/6/2 727-842-8842

CR2E034 (4/02)

Attachment
#P01000005059

979280

086-48-7604

Rate:

Check No: 46851

Date: 8/29/02

Net: 269.13

EARNINGS		QUANTITY	CURRENT	DEDUCTIONS	CURRENT	YEAR TO DATE
COUNCIL			300.00	FEDERAL WITHHOLDIN MEDICARE TAX SOCIAL SECURITY TA	7.92 4.35 18.60	63.36 34.80 148.80
Gross			300.00			
ACCRUAL	EARNED	USED	BALANCE			
				YTD GROSS	YTD W2 WAGES	YTD SS WAGES
				2400.00	2400.00	2400.00

DETACH AND RETAIN THIS STATEMENT FOR YOUR PERSONAL RECORDS

THIS CHECK IS VOID WITHOUT A BLUE & RED BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT AN ANGLE TO VIEW

DATE 8/29/02

NO. 46851

Bank of America

City of New Port Richey

PAYROLL ACCOUNT

5919 Main Street

New Port Richey, FL 34652-2785

AMOUNT

***269.13

63-27
631

PAY Two Hundred Sixty Nine and 13/100 Dollars

TO THE ORDER OF: 001 00 11
THOMAS R FINN
5949 TENNESSEE AVENUE
NEW PORT RICHEY, FL 34652

Authorized Signature
Thomas R Finn

AUTHORIZED SIGNATURE

UNDER CONTAINS MICROPARTING

⑈46851⑈ ⑆063100277⑆ 000000017705⑈



P.O.Box 1718, New Port Richey, Fla. 34656 Ph. 727-842-8842

06-Sep-02

Honorable Jim Smith
Secretary of State
PO Box 6327
Tallahassee, Fl.

Dear Sir,

Congradulations on your new commission.

I am writing in regard to document # P01000005059, the 2002 Uniform Business Report (renewal). I did not receive a prior renewal notice to this 60 day notice to dissolve advisement. This is the first time are receiving a renewal and we must file this. We incorporated just last year and did not expect or know to look for the paperwork.

I am requesting that you waive the late fee as a one time courtesy.

It has been very difficult to remain solvent in the post 9-11 economy. Sign business was an immediate casualty with very few "Mom and Pop" ventures starting up and placing orders with us. I have remained in operation thru personal loans drawing upon my rental property and compensation for serving on the New Port Richey City Council. The late fee amounts to almost six weeks pay. (see attached photocopy). That this payment comes to you so late in the second period provides testimonial to the scarcity of funds we are dealing with.

Thank-you for your consideration in this matter.

T.R. Finn
President/Secertary/Treasurer
Neon Delights,Inc.