

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90691 001 ***300.00

DOCUMENT # P01000088869

1. Entity Name

NEGU PROPERTIES AND REALTY, INC.



Principal Place of Business

**1 BEACH DRIVE, S.E. SUITE 220
ST. PETERSBURG FL 33701**

Mailing Address

**1 BEACH DRIVE, S.E. SUITE 220
ST. PETERSBURG FL 33701**



2. Principal Place of Business

One Beach Dr SE

3. Mailing Address

One Beach Dr SE

Suite, Apt. #, etc.

303

Suite, Apt. #, etc.

303

☒ CHECK HERE IF MAKING CHANGES

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3747821

Applied For

☐ Not Applicable

Zip

33701

Country

USA

Zip

33701

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JACOBSON, RICHARD A
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **Anette Kendall**
Street Address (P.O. Box Number is Not Acceptable)
One Beach Dr SE # 304

City **St. Petersburg** **FL** Zip Code **33701**

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 (not title) (printable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KLAUS, HARALD J**
STREET ADDRESS **1 BEACH DRIVE, S.E. SUITE 220**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **D** ☐ Delete
NAME **PALOMAR DE KALUS, BARBARA NIETO E**
STREET ADDRESS **1 BEACH DRIVE, S.E. SUITE 220**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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 607, 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:

SIGNATURE REQUIRED

Harald Klaus, P/D

04/21/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)