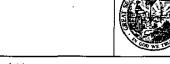
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 1. Entity Name

P01000115545

NEEL & O'BRIEN, P.A.



**FILED** Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90317 039 \*\*\*150.00

| Suite. April #660   Suite. April #600   Suite.   | Principal Place of Business<br>3403-A HANCOCK BRIDGE PARKWAY<br>NORTH FORT MYERS FL 33903 |  | 3403-A HANCOCI              | Mailing Address 3403-A HANCOCK BRIDGE PARKWAY NORTH FORT MYERS FL 33903 |  |                 |  |        |              |                  |  |  |
|--|---|--|-----------------------------|---|--|-----------------|--|--------|--------------|------------------|--|--|
| Cray & State   Cray &   | 2. Principal Place of Business  |  | 3. Mailing Addre            | 3. Mailing Address  |  |                 |  |        | BARBI BIRA E | 1001 Bill iodi   |  |  |
| Section   Sect     | Suite, Apt.   | #, etc.  | Suite, Apt. #, e            | Suite, Apt. #, etc.   |  |                 | ☐ CHECK HERE IF MAKING CHANGES   |        |              |                  |  |  |
| E. Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent 7, Name and Address (P.O. Box Number is Not Acceptable)  Caty FEE 1, March 8, Name and Address of New Registered Agent 7, Name and Address (P.O. Box Number is Not Acceptable)  Caty FEE 1, March 8, Name and Address (P.O. Box Number is Not Acceptable)  Caty FEE 1, March 8, Name and Address (P.O. Box Number is Not Acceptable)  Caty FEE 1, March 9, Name and Address (P.O. Box Number is Not Acceptable)  FEE 1, March 9, Name and Address (P.O. Box Number is Not Acceptable)  Caty FEE 1, March 9, Name and Address (P.O. Box Number is Not Acceptable)  FEE 1, March 9, Name and Address (P.O. Box Number is Not Acceptable)  FEE 1, March 9, Name and Address (P.O. Box Number is Not Acceptable)  FEE 1, March 9, Name and Address (P.O. Box Number is Not Acceptable)  FEE 1, March 9, Name and Address (P.O. Box Number is Not Acceptable)  FEE 1, March 9, Name and Address (P.O. Box Number is Not Acceptable)  FEE 1, March 9, Name and Address (P.O. Box Number is Not Acceptable)  FEE 1, March 9, Name and Address (P.O. Box Number is Not Accepta   | City & Stat   | е  | City & State                | City & State  |  |                 |  |        |              | <del>     </del> |  |  |
| NEEL, JAMES A 3409-A HANCOCK BRIDGE PARKWAY NORTH FORT MYERS FL 33903    City   FL   Zip Code  | Zip   | Country Zip Cou                                    |                             | try   | 5 Certificate of Status Desired \$8.75 Add         |                 |  |        |              |                  |  |  |
| Street Address (PO, Box Number is Not Acceptable)  Street Address (PO, Box Number is Not Acceptable)  Street Address (PO, Box Number is Not Acceptable)  City  FL  Zio Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature  File Now/III FEE Is \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  MAKE  MAKE  STREET ADDRESS  OTH 51-2P  TITLE  MAKE  STREET ADD |   | 6. Name and Address of Currer                      | nt Registered Agent         |   | ¥  | 7. Na           | me and Address of New Register   | ed Age | ent          |                  |  |  |
| Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code   | -   | Name   |                             |   |  |                 |  |        |              |                  |  |  |
| NORTH FORT MYERS FL 33903  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  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  SIREST ADDRESS  ON STEEZ ADDRESS  ON STEEZ ADDRESS  ON STEEZ ADDRESS  ON ST. 2P  TITLE  NAME  SIREST ADDRESS  OTTY-ST-2P  TITLE  NAME  SIREST ADDRESS  OTTY-ST-2P | =   |  |                             |   | Street Address (P.O. Boy Number is Not Acceptable) |                 |  |        |              |                  |  |  |
| 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.  ### FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.   | 3403-A HA   | NCOCK BRIDGE PARKWAY                               |                             | Street  |  |                 | Teer Address (F.O. DOX NUMBER IS INDEACCEPTABLE)   |        |              |                  |  |  |
| 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    Symbox bond or pitted name of registered agent and store accepted.   DNOTE Registered Agent algorithms required when reintaking)   DATE  | NORTH FO  | ORT MYERS FL 33903                                 |                             |   |  |                 |  |        |              |                  |  |  |
| SIGNATURE  FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.  |   |  |                             |   | City   |                 |  | FL     | Zip Cod      | le               |  |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$55.00  Make Check Payable to Florida Department of State  10.   |   |  | for the purpose of cha      | inging its registere  | ed office or regist                                | tered agen      |  |        | ıiliar with, | and accept       |  |  |
| After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  NAME NAME NAME NAME NAME NAME NAME NAM  | SIGNATURE .   | Signature, typed or printed name of registered age | nt and title if applicable. | (NOTE: Registered   | d Agent signature requi                            | ired when reins | tating) DA   | ΤE     | <del></del>  |                  |  |  |
| NAME NAME NAME NAME NAME NAME NAME NAME  | Afte  | r May 1, 2003 Fee will be \$550.00                 |                             | <del>.</del>  | ****   |                 |  |        |              |                  |  |  |
| NEEL, JAMES A 3403-A HANCOCK BRIDGE PARKWAY NORTH FORT MYERS FL 33903    Delete  | 10.   |  | D DIRECTORS                 | 11.   |  | ADD             | TIONS/CHANGES TO OFFICERS /  | AND D  | RECTOR       | S IN 11          |  |  |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP   | TITLE   | 1  | □ De                        | elete TITLE   |  |                 |  |        | ] Change     | ☐ Addition       |  |  |
| NORTH FORT MYERS FL 33903  CITY-ST-ZIP  NORTH FORT MYERS FL 33903  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREE   | NAME  |  | MARANA                      |   | ſ  |                 |  |        |              |                  |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP   | STREET ADDRESS<br>CITY-ST-ZIP   |  |                             |   | -  |                 |  |        |              |                  |  |  |
| STREET ADDRESS CITY-ST-ZIP TITLE TIT   | TITLE   |  | □ De                        | lete TITLE  |  |                 |  | [.     | ] Change     | Addition         |  |  |
| CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | NAME  |  |                             | NAM   |  |                 |  |        |              | _ (              |  |  |
| TITLE  AAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  | STREET ADDRESS  |  |                             |   |  |                 |  |        |              | ĺ                |  |  |
| INTE    Deficie  | CITY-ST-ZIP   |  |                             | CITY-   |  |                 |  |        |              |                  |  |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | TITLE   |  | De                          | TITLE   | ب القات من ا                                       |                 | And The Control of th |        | ] Change     | ☐ Addition       |  |  |
| CITY-ST-ZIP  | NAME  |  |                             |   |  |                 |  |        |              |                  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE O Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE O Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE O Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE O Delete TITLE O Delete TITLE O Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE O Delete NAME STREET ADDRESS CITY-ST-ZIP O DELET O DE   |   |  |                             |   | · I  |                 |  |        |              |                  |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP  TITLE CHANGE STREET ADDRESS CITY-ST-ZIP  TITLE CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP  | CITY-ST-ZIP   |  |                             |   | ST-ZIP   |                 |  |        |              |                  |  |  |
| STREET ADDRESS CITY-ST-ZIP  ITTLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP  TO CHANGE STREET ADDRESS CITY-ST-ZIP  TO CHANGE  TO CHANGE T   | TITLE   |  | □ De                        |   |  |                 |  |        | ] Change     | ☐ Addition       |  |  |
| CITY-ST-ZIP  | i   |  |                             |   |  |                 |  |        |              |                  |  |  |
| TITLE  |   |  |                             |   |  |                 |  |        |              |                  |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP  TITLE CHANGE STREET ADDRESS CITY-ST-ZIP  TITLE CHANGE STREET ADDRESS CITY-ST-ZIP  CHANGE STREET ADDRESS CITY-ST-ZIP  CHANGE STREET ADDRESS CITY-ST-ZIP  | CHY-SI-ZIP  |  |                             |   | ST-ZIP   | <del></del> .   |  |        |              |                  |  |  |
| STREET ADDRESS CITY-ST-ZIP CITYLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHAnge Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE CITY-ST-ZIP CHANGE CITY-ST-ZIP CHANGE CITY-ST-ZIP  | TITLE   |  | ☐ De                        |   |  |                 |  |        | ] Change     | Addition         |  |  |
| CITY-ST-ZIP  CITY-ST-ZIP  TITLE  Delete  TITLE  Change Addition NAME STREET ADDRESS CITY-ST-ZIP  CTY-ST-ZIP  CTY-ST-ZIP  |   |  |                             |   |  |                 |  |        |              |                  |  |  |
| Delete   |   |  |                             |   |  |                 |  |        |              |                  |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP  NAME - CITY-ST-ZIP  |   |  | · <u>-</u>                  |   | <del></del>  |                 | _ <del></del>  |        |              |                  |  |  |
| STREET ADDRESS CTY-ST-ZIP CTY-ST-ZIP   | TITLE   |  | ☐ De                        |   |  |                 |  |        | ] Change     | ☐ Addition │     |  |  |
| CITY-ST-ZIP CLXY-ST-ZIP  | NAME  |  |                             |   |  |                 |  |        |              | -                |  |  |
|  |   |  |                             | - 1   |  |                 |  |        |              |                  |  |  |
| 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 signalities 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: James

01/17/03

(941) 997-9677