

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

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DOCUMENT # P02000075064

1. Entity Name
NEGU SERVICES, 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
Suite, Apt. #, etc.
303

3. Mailing Address

One Beach Dr SE
Suite, Apt. #, etc.
303

☒ CHECK HERE IF MAKING CHANGES

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

4. FEI Number

☒ 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, Suite 303
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 and fee if applicable.

Anette Kendall

04/21/2003

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 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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

TITLE **D** ☐ Change ☒ Addition
NAME **Anette Kendall**
STREET ADDRESS **557 6th Ave N**
CITY-ST-ZIP **St. Petersburg, FL 33701**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(l), 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

04/21/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)