

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

FILED
Jul 31, 2002 8:00 am
Secretary of State

07-31-2002 90093 022 ***550.00

DOCUMENT # *P 37967*

1. Entity Name

Nemeton, Inc

DO NOT WRITE IN THIS SPACE

B0133077

2. Principal Place of Business

2323 Fiddlers Lane

Suite, Apt. #, etc.

3. Mailing Address

2323 Fiddlers Lane

Suite, Apt. #, etc.

City & State

Atlantic Beach, FL

City & State

Atlantic Beach, FL

4. FEI Number

34-0841852

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

Sandiford, Donna

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

2323 Fiddlers Lane

City

Atlantic Beach

FL

Zip Code

32233

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 *PT*
NAME *Sandiford, Donna King*
STREET ADDRESS *2323 Fiddlers Lane*
CITY-ST-ZIP *Atlantic Beach, FL 32233*

TITLE *S*
NAME *Barr, Diane*
STREET ADDRESS *117 Osprey Ridge Way*
CITY-ST-ZIP *Porte Vedra Beach, FL 32233*

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**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)