

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000007611

1. Entity Name

NEEL SYSTEMS, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90192 016 ***150.00

Principal Place of Business

Mailing Address

901 16TH STREET
PORT ST. LUCIE FL 32456
US

901 16TH STREET
PORT ST. LUCIE FL 32456-1641
US

2. Principal Place of Business

3. Mailing Address

324 Reid Ave
Suite, Apt. #, etc.

901 16th Street
Suite, Apt. #, etc.

City & State

Port St Joe, FL

City & State

Port St Joe, FL

Zip

32456

Country

USA

Zip

32456

Country

USA

4. FEI Number

59-3165874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEEL, CHARLENE B
901 16TH STREET
PORT ST. LUCIE FL 32456

7. Name and Address of New Registered Agent

Name

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

City

Port St "Joe"

FL

Zip Code

32456

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

Charlene B. Neel

4/10/2000

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

P
NAME NEEL, KEITH M
STREET ADDRESS 901 16TH STREET
CITY-ST-ZIP PORT ST. LUCIE FL 32456

TITLE ☐ Delete

VP
NAME NEEL, CHARLENE B
STREET ADDRESS 901 16TH STREET
CITY-ST-ZIP PORT ST. LUCIE FL 32456

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

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP Port St "Joe", FL 32456

TITLE ☒ Change ☐ Addition

NAME
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CITY-ST-ZIP Port St "Joe", FL 32456

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charlene B. Neel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2000 (850)227-9588
Date Daytime Phone #

CR2E034 (9/99)