

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000060645

1. Entity Name

NEAL LOCHER, INC.

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90013 012 \*\*\*150.00

Principal Place of Business

% NEAL LOCHER  
1126 S. FEDERAL HWY., #127  
FORT LAUDERDALE FL 33316

Mailing Address

% NEAL LOCHER  
1126 S. FEDERAL HWY., #127  
FORT LAUDERDALE FL 33316-1257

2. Principal Place of Business

200 S.E. 6 ST.

3. Mailing Address

1126 S. FEDERAL HWY.

Suite, Apt. #, etc.

SUITE #304

Suite, Apt. #, etc.

PMB #127

City & State

FT. LAUDERDALE, FL.

City & State

FT. LAUDERDALE, FL.

Zip

33301

Country

BROWARD

Zip

33316

Country

BROWARD

4. FEI Number

65-0432444

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOCHER, NEAL  
1126 S. FEDERAL HIGHWAY  
SUITE 127  
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

LOCHER, NEAL

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

200 S.E. 6 ST., SUITE #304

City

FT. LAUDERDALE

FL

Zip Code

33301

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

*Neal Locher*

NEAL LOCHER PRESIDENT

4-16-00

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LOCHER, NEAL  
CITY-ST-ZIP 1126 S. FEDERAL HWY., #127  
FORT LAUDERDALE FL 33316

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE (P) ☒ Change ☐ Addition  
NAME LOCHER, NEAL  
STREET ADDRESS 200 S.E. 6 ST., #304  
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

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

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

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

SIGNATURE:

*Neal Locher* NEAL LOCHER

4-16-00

954-523-2513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #