**FILED** Aug 14, 2001 8:00 am Secretary of State 2001 UNIFORM BUSINESS RÉPORT (UBR) P93000079380 DOCUMENT # 1. Entity Name 07-25-2001 90014 030 \*\*\*150.00 NEVERIDLE ENTERPRISES, INC. Principal Place of Business Mailing Address US 1 MM25 P.O. BOX 420370 SUMMERLAND KEY FL 33042 SUMMERLAND KEY FL 33042 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0444200 Not Applicable Zip Country Zip Country \$8.75 Additional 5. .Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLARKE, MARGUERITE L Street Address (P.O. Box Number is Not Acceptable) 677 E CARRIBEAN 20875 IST AVENUE West SUMMERLAND KEY FL 33042 ChdjæKey, FL 33042 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 500 - Addition TITLE ☐ Delete TITLE ☐ Change CLARKE, MICHAEL J NAME NAME CR2E034 P.O. BOX 420370 N/A STREET ADDRESS STREET ADDRESS SUMMERLAND KEY FL 33042 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition CLARKE, MARGUERITE L NAME STREET ADORESS P.O. BOX 420370 N/A STREET ADDRESS SUMMERLAND KEY FL 33042 CITY-ST-ZÍP Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIDE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete nne Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ion 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 impental 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 for trusted empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the infindicated on this report or of the corporation or changed, or on an a

SIGNATURE:

Attachment > //1946 Doctt 193000079380

## Neveridle Enterprises, Inc.

P.O. Box 420370 Summerland Key, FL 33042

August 8, 2001

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1502

Reference #P93000079380

This letter is in response to the letter I received regarding a \$400.00 late fee for not filing our uniform business report on time. I have no records that show we ever received a first notice to be filed by a certain deadline.

Upon receipt of the 60 day notice just received a few weeks ago, I submitted payment immediately to avoid such charges. I do not feel that we should be responsible for late fee charges of \$400.00 when we were unaware of the original due date.

Please file our uniform business report as soon as possible to avoid any further charges.

Sincerely

Nicole Fletcher Office Manager