

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047678

1. Entity Name

JUST NEON, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90044 032 ***150.00

Principal Place of Business

Mailing Address

930 CARTER ROAD

SUITE 230

GARDEN FL 34787

930 CARTER ROAD

SUITE 230

WINTER GARDEN FL 34761-3020

2. Principal Place of Business

419 ENTERPRISE DR

Suite, Apt. #, etc.

City & State

OCOE, FL

Zip

34761

Country

ORANGE

3. Mailing Address

Suite, Apt. #, etc.

City & State

OCOE, FL

Zip

34761

Country

ORANGE

6. Name and Address of Current Registered Agent

GENTRY, MICHAEL K

930 CARTER ROAD

SUITE 230

WINTER GARDEN FL 34787

4. FEI Number

59-3251690

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

419 ENTERPRISE DR

City

OCOE, FL

FL

Zip Code

34761

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) ☐

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	P	<input type="checkbox"/> Delete
NAME	GENTRY, MICHAEL K	
STREET ADDRESS	930 CARTER ROAD SUITE 230	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOSCH, KIMBERLIE J	
STREET ADDRESS	930 CARTER ROAD SUITE 230	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	T	<input type="checkbox"/> Delete
NAME	GENTRY, MARILYN J	
STREET ADDRESS	930 CARTER ROAD SUITE 230	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

MARILYN J. GENTRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)