

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90006 042 \*\*\*150.00

**DOCUMENT #P96000012710****1. Entity Name**

NEPPL WEINSTEIN DESIGN &amp; ADVERTISING, INC.

**Principal Place of Business****Mailing Address**

430 W. DAVIS BLVD  
 TAMPA, FL 33606  
 OFFICE

A0063959

**2. Principal Place of Business****3. Mailing Address**

430 W. DAVIS BLVD  
 Suite, Apt. #, etc.  
 TAMPA

DO NOT WRITE IN THIS SPACE

**City & State****City & State****4. FEI Number****Applied For**

59-3381812

Not Applicable

Zip  
 33606

Country  
 USA

Zip

Country

**5. Certificate of Status Desired**

☐ \$8.75 Additional  
 Fee Required

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**

DAVID B. WEINSTEIN

**Name**

DAVID B. WEINSTEIN

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

BALES &amp; WEINSTEIN, PA

1715 N. WESTSHORE BLVD

**City**

TAMPA, FL

**FL****Zip Code**

33607

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) ☐

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	P, VP, S, T <input type="checkbox"/> Delete JILL N. WEINSTEIN 701 W. BAY ST. TAMPA, FL 33606 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

Jill N. Weinstein

4/22/01 (813) 251-9133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)