2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE

Mar 27, 2002 8:00 am Secretary of State DOCUMENT # P96000055855 1. Entity Name 03-27-2002 90096 003 ***150.00 NEICOM OF SARASOTA, INC. Principal Place of Business Mailing Address 4363 BEEKMAN PLACE RD. 4363 BEEKMAN PLACE RD. SARASOTA FL 34235 SARASOTA FL 34235 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 65-0679572 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **NEIGER.BONNIE** Street Address (P.O. Box Number is Not Acceptable) 4363 BEEKMAN PLACE SARASOTA FL 34235 City 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 **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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition CR2E034 (9/01) ☐ Delete NEIGER, BONNIE NAME MAME 4363 BEEKMAN PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34235 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NEIGER, WILLARD NAME STREET ADDRESS 4363 BEEKMAN PLACE STREET ADDRESS CITY-ST-ZIE SARASOTA FL 34235 CITY-ST-ZIP TITLE Delete TITLE ---- Change - Addition -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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