

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90134 009 ***150.00

DOCUMENT # P96000080875

1. Entity Name

NEPTUNE DISTRIBUTORS INC.

Principal Place of Business

1956 S.W. BILTMORE BLVD.
 PORT SAINT LUCIE FL 34984

Mailing Address

1956 S.W. BILTMORE BLVD.
 PORT SAINT LUCIE FL 34984

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0270785**

Applied For

Not Applicable

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

SCHOONMAKER, RICHARD
 1944 SE PORT ST LUCIE BLVD
 PORT ST. LUCIE FL 34952

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **YOST, DANIEL**
 STREET ADDRESS **1956 S.W. BILTMORE BLVD.**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34984**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

POOL EMPORIUM

Attached
P960000 80875
BNA4693

CORPORATE OFFICE: 1953 SW BILTMORE RD. • PORT ST. LUCIE, FL 34984 • (561) 371-2019 • 1-800-999-POOL

Friday, July 5, 2002

Divisions of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please accept our check in the amount of \$150.00 for the filing fee for Neptune Distributors Inc. FEIN #165-0270785. We never received the original Uniform Business Report, therefore we do not feel we should be penalized the higher fee of \$550.00.

If you have any questions, please feel free to call.

Sincerely,


Daniel Yost

1058 SE Port St. Lucie Blvd.
Port St. Lucie, FL 34952
(561) 337-0442

610 SW Bayshore Blvd.
Port St. Lucie, FL 34983
(561) 340-5681

7012 Cortez Road W.
Bradenton, FL 34210
(941) 798-3616

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