## **2000 UNIFORM BUSINESS REPORT (UBR)**

## Jan 25, 2000 8:00 am Secretary of State DOCUMENT # **P97000001802** A PAT AND NANCIE NEAL CORP. 01-25-2000 90088 050 \*\*\*150.00 Principal Place of Business Mailing Address 710 14TH AVE W 710 14TH AVE W PALMETTO FL 34221 PALMETTO FL 34221-4525 VOOTOLOT 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 65-0718195 Not A. ... Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent J. M. NEAL NANCIE Street Address (P.O. Box Number is Not Acceptable) MIKA, NANCIE J 710 14TH AVE W PALMETTO FL 34221 Zip Code SAME 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE ☐ Delete TITLE NANCIE J. M. NEAL MIKA, NANCIE J NAME STREET ADDRESS 710 14TH AVE W STREET ADDRESS 710 14th Ave W CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 PAInetto, FL 34221 Change ☐ Addition TITLE ☐ Delete TITLE NEAL, PATRICK A NAME NAME STREET ADDRESS STREET ADDRESS 710 14TH AVE W CITY-ST-ZIP CITY-ST-7IP PALMETTO FL 34221 Change \_\_ Addition TITLE Delete ----TITLE: -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAMEOF SIGNING OFFICER OR DIRECT

1/10/00 (941) 123-3276

FILED

Daytime Phone #