

FILED  
Jul 28, 2003 8:00 am  
Secretary of State

07-16-2003 90046 022 \*\*\*550.00

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 997 00000 1802

1. Entity Name

A PAT AND NANCIE NEAL CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

710 14TH AVE WEST

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PALMETTO, FL

City & State

Zip

Country

34221

USA

4. FEI Number

65-0718195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

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55052604

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name NANCIE J M NEAL

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

710 14th Ave. W.

City PALMETTO

FL

Zip Code 34221

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

No change

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
NANCIE J. MIKA  
710 14TH AVE. WEST  
PALMETTO, FL 34221

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

NANCIE J MIKA

7/11/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #