

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003438

1. Entity Name

JAMES A. NEAL, JR., P.A.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90084 028 ***150.00

Principal Place of Business

213 N APOPKA AVE
INVERNESS FL 34450

Mailing Address

213 N APOPKA AVE
INVERNESS FL 34450-4239

00054973



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

452 PLEASANT GROVE RD
Suite, Apt. #, etc.

3. Mailing Address

452 PLEASANT GROVE RD
Suite, Apt. #, etc.

City & State

INVERNESS, FL

City & State

INVERNESS, FL

4. FEI Number

65-0726198

Applied For

Not Applicable

Zip

Country

34452

USA

Zip

Country

34452

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEAL, JAMES A JR
213 N. APOPKA AVENUE
INVERNESS FL 34450

7. Name and Address of New Registered Agent

Name NEAL, JAMES A JR.

Street Address (P.O. Box Number is Not Acceptable)
452 PLEASANT GROVE ROAD

City INVERNESS

FL

Zip Code 34452

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

JAMES A. NEAL JR PRESIDENT

4/4/00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NEAL, JAMES A JR 213 N. APOPKA AVENUE INVERNESS FL 34450	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NEAL, JAMES A JR. 452 PLEASANT GROVE ROAD INVERNESS, FL 34452	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A NEAL JR PRES

Date

4/4/00

Daytime Phone #

352/726 1116

CR2E034 (9/99)