

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000001007**

1. Entity Name

NERAD ENTERPRISES, INCORPORATED

Principal Place of Business

**680 W STUART
BARTOW FL 33830**

Mailing Address

**P.O. BOX 24622
LAKE LAND FL 33802-4622**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**NERAD, DAVID A
680 W STUART
BARTOW FL 33830**

7. Name and Address of New Registered Agent

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.

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 \$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	<input type="checkbox"/> Delete
	CPTD			
	NERAD, DAVID A	680 STUART ST	BARTOW FL 33830	
	VSD			
	NERAD, BRENDA M	4053 N. WILLOW DR.	MULBERRY FL 33860	
	V			
	NERAD, ANGELA	4053 N. WILLOW DR.	MULBERRY FL 33860	
	V			
	LANGE, JOHN	2680 WILLOW WOOD DR.	MULBERRY FL 33860	
	V			
	NERAD, HEATHER	4053 N WILLOW DR.	MULBERRY FL 33860	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

DAVID A NERAD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-14-00 8636606476
Daytime Phone #**FILED**
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90063 015 ***150.00

040000



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3483277**
Applied For ☐ Not Applicable ☐5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

CR2E034 (9/99)