

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030079

1. Entity Name

PALM BEACH NEO ACQUISITIONS, INC.

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90026 024 \*\*\*150.00

Principal Place of Business

Mailing Address

1455 NORTH PARK DRIVE  
FT. LAUDERDALE FL 33326

P.O. BOX 559001  
FT. LAUDERDALE FL 33355-9001

2. Principal Place of Business

3. Mailing Address

1301 CONCORD TERR  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

Zip

33323

Country

USA

Zip

Country

4. FEI Number

65-0824090

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

JORDON, BRUCE A  
1455 NORTH PARK DRIVE  
FT. LAUDERDALE FL 33326

Name

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

1301 CONCORD TERR

City

SUNRISE

FL

Zip Code

33323

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete  
NAME MULLEN, LAWRENCE M  
STREET ADDRESS 1455 NORTH PARK DRIVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33326

TITLE S ☐ Delete  
NAME JORDAN, BRUCE  
STREET ADDRESS 1455 N PARK DR  
CITY-ST-ZIP FORT LAUDERDALE FL 33326

TITLE PT ☒ Delete  
NAME MULLEN, LAWRENCE  
STREET ADDRESS 1455 N PARK DR  
CITY-ST-ZIP FORT LAUDERDALE FL 33326

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P/T/D ☐ Change ☒ Addition  
NAME KARL WAGNER  
STREET ADDRESS 1301 CONCORD TERR  
CITY-ST-ZIP SUNRISE FL 33323

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1301 CONCORD TERR  
CITY-ST-ZIP SUNRISE FL 33323

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE A. JORDAN

3/21/00

Date

Daytime Phone #

CR2E034 (9/99)