

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033263

1. Entity Name
NEIGHBORHOOD SERVICES, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90048 044 ***550.00

Principal Place of Business
14328 64TH DR. NORTH
PALM BEACH GARDENS FL 33418

Mailing Address
14328 64TH DR. NORTH
PALM BEACH GARDENS FL 33418

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number 65-0835395
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POPE, RAYMOND
14328 64TH DR. NORTH
PALM BEACH GARDENS FL 33418

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 *Raymond Pope Pres.*

09/16/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
NAME POPE, RAYMOND
STREET ADDRESS 14328 64TH DR. NORTH
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE D ☒ Delete
NAME DEMPSEY, PATRICK
STREET ADDRESS 155 SAND PINE DR.
CITY-ST-ZIP JUPITER FL 33477

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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: *Raymond Pope*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/16/00
Date

561-252-4626
Daytime Phone #

CR2E034 (5/00)

Attachment
D# 98000033263

Attachment
D# 98000033263
DOO 05652

I never received the first notice on filing. I think it is unfair to charge me a \$400.00 late fee. I am a small business and this late fee really put me in a tight situation. If there is anything you can do to help me please do.

Thank you, Raymond Pope
