

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000037163**
 1. Entity Name
MARY W. NEYENHOUSE, PA

FILED

00 MAR 31 PM 1:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
MARGATE, FL
 Mailing Address
**7520 NW 29th St.
 MARGATE, FL 33063**

2. Principal Place of Business
MARGATE 7520
 Suite, Apt. #, etc.
NW 29th St
 City & State
MARGATE

3. Mailing Address
7520 NW 29th St
 Suite, Apt. #, etc.
 City & State
MARGATE FL

Zip
33063 Country
 Zip
33063 Country

4. FEI Number
68-0887871
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MARY W. NEYENHOUSE
7520 NW 29th Street
MARGATE FL 33063

7. Name and Address of New Registered Agent
 Name
~~MARY W. NEYENHOUSE~~
 Street Address (P.O. Box Number is Not Acceptable)
~~7520 NW 29th St.~~
 City
~~MARGATE~~ FL ~~33063~~

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	Pres. Dent MARY NEYENHOUSE 7520 NW 29th St MARGATE, FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT John NEYENHOUSE 7520 NW 29th St MARGATE, FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KIM CAMPBELL 2068 University CORAL SPRINGS, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABR. Kent HEDGECOCK 2868 University CORAL SPRINGS, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KIM CAMPBELL 2068 University CORAL SPRINGS, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	treasurer HEIDI PERABRIKANT 2068 University CORAL SPRINGS, FL	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	300003204283 -04/11/00--01116--002 ****150.00 ****150.00	<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: **VP** 3/15 9543448098
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)