

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000052188

FILED
Apr 25, 2002 8:00 AM
Secretary of State

Entity Name: NEPTUNE SERVICES, INC.

Current Principal Place of Business:

6700 S. FLORIDA AVE., STE. #1
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

6700 S. FLORIDA AVE., STE. #1
LAKELAND, FL 33813

New Mailing Address:

P.O. BOX 7220
LAKELAND, FL 33807

FEI Number: 59-3577434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLSWORTH, SUZANNE M
6700 S. FLORIDA AVE., STE. #1
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ELLSWORTH, SUZANNE M
Address: 6700 S. FLORIDA AVE., STE. #1
City-St-Zip: LAKELAND, FL 33813

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: ELLSWORTH, SUZANNE M
Address: 6700 S. FLORIDA AVE., STE. #1
City-St-Zip: LAKELAND, FL 33813

Title: VSD () Change (X) Addition
Name: BADCOCK, MICHLLE E
Address: 6700 S. FLORIDA AVE., STE #1
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE M. ELLSWORTH

PTD

04/25/2002

Electronic Signature of Signing Officer or Director

Date