

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075143

1. Entity Name

NEGRON, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90047 022 ***150.00

Principal Place of Business

Mailing Address

949 FOUNTAINHEAD DR.
DELTONA FL 32725

949 FOUNTAINHEAD DR.
DELTONA FL 32725-6929

2. Principal Place of Business

959 FOUNTAINHEAD DR

3. Mailing Address

P.O. Box 6098

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELTONA FL

City & State

DELTONA FL 32728-6098

4. FEI Number

59-3600718

Applied For

Not Applicable

Zip

32725

Country

Zip

Country

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

NEGRON, RICHARD
949 FOUNTAINHEAD DR.
DELTONA FL 32725

Name

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

959 FOUNTAINHEAD DRIVE

City

DELTONA

FL

Zip Code
32725

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 PD ☐ Delete
NAME NEGRON, RICHARD
STREET ADDRESS 949 FOUNTAINHEAD DRIVE
CITY-ST-ZIP DELTONA FL 32725

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 959 FOUNTAINHEAD DRIVE
CITY-ST-ZIP DELTONA FL 32725

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Richard Negron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/00

904-801-2637

Daytime Phone #

CR2E034 (9/99)