CR2E034 (9/01)

## 2002 UNIFORM BUSINESS REPORT (UBR) S/

changed, or on an attachm

SIGNATURE:

## Apr 26, 2002 8:00 am Secretary of State DOCUMENT # P99000075800 1. Entity Name 04-26-2002 90022 017 \*\*\*150.00 **NEIGHBORS CONSTRUCTION COMPANY** Principal Place of Business Mailing Address 5703 BEAR LAKE CIRCLE 5703 BEAR LAKE CIRCLE ~ **~ 1 0 3 4** APOPKA FL 32703 APOPKA FL 32703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3596171 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEIGHBORS SORAYA **NEIGHBORS, SORAYA** Street Address (P.O. Box Number is Not Acceptable) 505 DEVONSHIRE BLVD. 5708 BEAR LAKE CIR LONGWOOD FL 32750 City Zip Code APOPKA 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE $P\infty$ ☐ Delete TITLE ☐ Addition neighbors, Chad NAME **NEIGHBORS, CHAD** NAME STREET ADDRESS 505 DEVONSHIRE BLVD 5408 BEAR LAKE CIR STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32750 CITY-\$T-ZIP <u>470914, FL</u> 32703 ☐ Delete TITLE VTS TITLE Change ☐ Addition NAME **NEIGHBIRS, SORAYA** neighbors, sorava NAME 5708 BEAR LAKE CIR STREET ADDRESS **505 DEVONSHIRE BLVD** STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-ZIP APOPKA, FL 32703 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITI F ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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