

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90100 026 ***150.00

DOCUMENT # S04929

1. Entity Name

Neujac, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4800 W. Linton Blvd.

Suite, Apt. #, etc.

F-107

City & State

Delray Beach, FL

Zip

33445

Country

3. Mailing Address

4800 W. Linton Blvd.

Suite, Apt. #, etc.

F-107

City & State

Delray Beach, FL

Zip

33445

Country

USA

4. FEI Number

65-0247444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Neuman, David

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

7846 Tennyson Court

City

Boca Raton

FL

Zip Code

33433

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 renewing.)

Date

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

ST

NAME

Neuman, David

STREET ADDRESS

7846 Tennyson Court

CITY-STATE-ZIP

Boca Raton, FL 33433

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 receiver empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like or powers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitized by: _____

CR2E034B (12/01)