| 2000 UNIFORM BUSINESS REPORT (UBR) | | | | | FILED | | | | | |
|---|---|---|--------------------------------|----------------|--|----------------|-----------------|---------------------------|-----------|--|
| DOCUMENT # V04183 1. Entity Name | | | | | Mar 07, 2000 8:00 am Secretary of State | | | | | |
| NEON DOLPHIN, INC. | | | | | Secret | ary o | i Sta | te | | |
| 112011 3021 111 | | FORT SOV | THEAST STEET | r | 03-07-2000 | 90058 02: | 2 ***150. | 00 | | |
| Fold | 10000 | Mailing Address | - 1 | | | | | | | |
| | | | OCIATES DA P.A | | | | | | | |
| 3/20 NORTHEAST 37TH STREET T7LAUDERDALE FL 33308 | | C/O GRUBER AND ASSOCIATES PA- P-A- | | { | | | | | | |
| 202 | | FILAUDERDALE FL 333 | 116-1735 | | | | | | | |
| | | 1 | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address Co GRUBER AND ASSOCIATES LA | | la. | ! (88)(\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | AKDIN BIRIL AKD | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | f. SUITE ! | 30/ DO NOT WI | RITE IN THIS S | PACE | | | |
| FERT | | City & State | | | El Number 65-03032 | 49 | <u> </u> | plied For t Applicable |] | |
| Zip | Country | Zip | Country | | | | \$8.75 Add | | 1 | |
| · | 20 | | | | Certificate of Status Desired | | ee Require | | 1 | |
| 6. N | ame and Address of Curren | t Registered Agent | Name | | Name and Address of New | Registered A | gent | | + | |
| BUNCH, WII | | | | | | |] | | | |
| 3320 NORTI | Street Ac | ddress (P.O. 8 | ox Number is Not Acceptat | ole) | STR | ET | | | | |
| FTLAUDER | DALE FL 33308 | reeT | | | | | | | | |
| FORT | | | CHA | 2 | | FL | Zip Code | 9 | 1 | |
| | entity submits this statement f | or the purpose of changing | its registered office or | registered age | ant or both in the State of I | | | | - | |
| b. The above harned | entity submits this statement i | or the purpose of changing | its registered office of | registered age | ent, or both, in the otate of | onca. | | | | |
| SIGNATURE | | | | | | | · | | | |
| Signature, | typed or printed name of registered agen | | NOTE: Registered Agent signatu | | Instating) | DATE | | | 4 | |
| ' | eligible to satisfy its Intangible ent and elects to do so. | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 | | | 10. Election Campaign Financing \$5.00 May Be | | | | | |
| (See criteria on back) | | Make Check Payable to Department of Sta | | | Trust Fund Contribut | ion. L | Added | I to Fees | | |
| 11. | OFFICERS AND | DIRECTORS | 12. | AD | DITIONS/CHANGES TO O | FICERS AND | DIRECTORS | 3 IN 11 | 1_ | |
| TITLE DPST | | ☐ Delete | TITLE | | | _ | Change | ☐ Addition | 034 (9/99 | |
| | ch, William (c.) Northeast 37th Stree | न | NAME STREET ADDRESS | | | C. | | | 34 (| |
| | UDERDALE FL 33308 | -' | | FORT | | | | | I L | |
| TITLE D | ຄ | ☐ Delete | TITLE | <u>D</u> | a I | | ☐ Change | Addition | CROF | |
| NAME BUN | ich Horry In | and shout | NAME | HATA ? | DUNUA CE 25 | rul Str | ret . | - | | |
| STREET ADDRESS CITY-ST-ZIP | TO MORTHERS! - | 2 23200 | STREET ADDRESS CITY-ST-ZIP | 3325 | s. Bunch Nontheast 39 Louderdale 1 | 7 840 | e/ | | | |
| TITLE - | it cambirday | n >>>y | TITLE | fort. | moura un, p | C4270 | ☐ Change | ☐ Addition | -{ | |
| NAME | | - Delate | NAME | | | | Cilange | L.J Addition | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | 1 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | <u>.</u> . | | | | | - | |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | | |
| TITLE | | ☐ Delete | TITLE | · | | | ☐ Change | ☐ Addition | 1 | |

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.

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

Addition