

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90061 039 ***150.00

DOCUMENT # V04183

1. Entity Name
NEON DOLPHIN, INC.

Principal Place of Business
3320 NORTHEAST 37TH STREET
FORT LAUDERDALE FL 33308

Mailing Address
C/O GRUBER AND ASSOCIATES PA
1650 SE 17TH ST SUITE 301
FORT LAUDERDALE FL 33316
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0303249

Applied For

Not Applicable

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

BUNCH, WILLIAM C.

1650 SOUTHEAST 17TH STREET SUITE 301

FORT LAUDERDALE FL 33316-1735

3320 NORTHEAST 37TH STREET
FORT LAUDERDALE FL 33308-6435

Name

C.

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

3320 NORTHEAST 37TH STREET

City

FORT LAUDERDALE

FL

Zip Code

33308-6435

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, 2002 Fee will be \$650.00
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 **DPST** ☐ Delete
NAME **BUNCH, WILLIAM C.**
STREET ADDRESS **3320 NORTHEAST 37TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☒ Change ☐ Addition
NAME **C.**
STREET ADDRESS **33308-6435**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D BUNCH, HOLLY D.**
STREET ADDRESS **3320 NORTHEAST 37TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☒ Change ☐ Addition
NAME **D.**
STREET ADDRESS **33308-6435**
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/2002

Date

954-5222

Daytime Phone #

CR2E034 (9/01)