

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**  
 05-18-2001 91583 015 \*\*\*158.75

**DOCUMENT #** V29004  
**1. Entity Name**  
 Neljo, Inc.

**Principal Place of Business** **Mailing Address**

**2. Principal Place of Business** **3. Mailing Address**  
 4808 S. Tamiami Tr. 4808 S. Tamiami Tr.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 Suite 3 Suite #3  
 City & State City & State  
 Sarasota, FL Sarasota, FL  
 Zip Country Zip Country  
 34231 Sarasota 34231 Sarasota

**4. FEI Number** **Applied For**  
 65-0336629 ☐ **Not Applicable**  
**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 Margaret C. Nadler  
 700 Old Compass Rd.  
 Longboat Key, FL 34228

**7. Name and Address of New Registered Agent**  
 Name Kathy L. Podolsky  
 Street Address (P.O. Box Number is Not Acceptable) 3362 Springmill Circle  
 City Sarasota **FL** **Zip Code** 34239

**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** Kathy L. Podolsky **O/S/T** Kathy L. Podolsky **DATE** 4/30/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirements and elects to do so.** ☐  
(See criteria on back)  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

|                       |                                 |
|-----------------------|---------------------------------|
| <b>TITLE</b>          | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                                 |
| <b>STREET ADDRESS</b> |                                 |
| <b>CITY-ST-ZIP</b>    |                                 |
| <b>TITLE</b>          | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                                 |
| <b>STREET ADDRESS</b> |                                 |
| <b>CITY-ST-ZIP</b>    |                                 |
| <b>TITLE</b>          | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                                 |
| <b>STREET ADDRESS</b> |                                 |
| <b>CITY-ST-ZIP</b>    |                                 |
| <b>TITLE</b>          | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                                 |
| <b>STREET ADDRESS</b> |                                 |
| <b>CITY-ST-ZIP</b>    |                                 |
| <b>TITLE</b>          | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                                 |
| <b>STREET ADDRESS</b> |                                 |
| <b>CITY-ST-ZIP</b>    |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                       |                                                                              |
|-----------------------|------------------------------------------------------------------------------|
| <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           | Margaret C. Nadler                                                           |
| <b>STREET ADDRESS</b> | D                                                                            |
| <b>CITY-ST-ZIP</b>    | Same                                                                         |
| <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           | D                                                                            |
| <b>STREET ADDRESS</b> | Ralph M. Nadler                                                              |
| <b>CITY-ST-ZIP</b>    | Same                                                                         |
| <b>TITLE</b>          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           | 0                                                                            |
| <b>STREET ADDRESS</b> | Ivan D. Podolsky                                                             |
| <b>CITY-ST-ZIP</b>    | 3362 Springmill Circle<br>Sarasota, FL 34239                                 |
| <b>TITLE</b>          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           | 0                                                                            |
| <b>STREET ADDRESS</b> | Kathy L. Podolsky                                                            |
| <b>CITY-ST-ZIP</b>    | 3362 Springmill Circle<br>Sarasota, FL 34239                                 |
| <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           | 0                                                                            |
| <b>STREET ADDRESS</b> | Joseph F. Cummins                                                            |
| <b>CITY-ST-ZIP</b>    | Same                                                                         |
| <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                                                                              |
| <b>STREET ADDRESS</b> |                                                                              |
| <b>CITY-ST-ZIP</b>    |                                                                              |

**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** Kathy L. Podolsky **DATE** 4/30/01 **PHONE** 941-921-2589  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)