

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90031 045 ***150.00

DOCUMENT # P00000042982

1. Entity Name
RUBBERNECK, INC.

Principal Place of Business

**415 S.E. 6TH TERR.
 GAINESVILLE FL 32601**

Mailing Address

**415 S.E. 6TH TERR.
 GAINESVILLE FL 32601**

2. Principal Place of Business

The Top
30 North Main St.
 Suite, Apt. #, etc.
Gainesville Fl.

3. Mailing Address

The Top
30 North Main St.
 Suite, Apt. #, etc.
Gainesville Fl.

City & State
32601 FL.

City & State
32601 FL.

Zip Country

Zip Country

4. FEI Number
59-3642157

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHILLINGTON, SCOTT J
415 S.E. 6TH TERR.
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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, 2001 Fee will be \$550.00
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

TITLE NAME	D SHILLINGTON, SCOTT J	<input type="checkbox"/> Delete
STREET ADDRESS	415 S.E. 6TH TERR.	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	V Shillington, Scott J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	415 SE. 6th Terrace	
CITY-ST-ZIP	Gainesville, FL. 32601	
TITLE NAME	P Mendez, Harold	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	309 NE 8th Ave	
CITY-ST-ZIP	Gainesville, FL. 32601	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Scott J Shillington
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 352-337-1188
 Date Daytime Phone #

CR2E034 (10/00)