

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 15, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F97000002926**1. Entity Name  
**NEILL AND GUNTER INCORPORATED**Principal Place of Business  
482 PAYNE ROAD  
SCARBOROUGH ME SCARBOROUGH ME  
04074 04074Mailing Address  
482 PAYNE ROAD

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number  
**01-0333227**

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****SHELLEY WILLIAM FPE**  
**SUITE 265**  
**2121 CORPORATE SQUARE**  
**JACKSONVILLE FL**  
**32216 US****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 **WILLIAM F. SHELLEY, P.E.****01/15/2001**

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, 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **C** ☐ Delete  
NAME **NEILL ROBERT D**  
STREET ADDRESS **191 PROSPECT STREET/FREDERICTON**  
CITY-ST-ZIP **NB CANADA E3B 5B4**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **V** ☐ Delete  
NAME **BREGMAN EDWARD A**  
STREET ADDRESS **34 FRAN CIRCLE**  
CITY-ST-ZIP **GRAY ME 04039**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **NOLAN RODERICK C**  
STREET ADDRESS **191 PROSPECT STREET/FREDERICTON**  
CITY-ST-ZIP **NB CANADA E3B 5B4**TITLE **D** ☒ Change ☐ Addition  
NAME **NOLAN RODERICK C**  
STREET ADDRESS **191 PROSPECT STREET**  
CITY-ST-ZIP **FREDERICTON NB E3B 5B4**TITLE **D** ☐ Delete  
NAME **PREBLE WALDO C**  
STREET ADDRESS **31 PINE CONE LODGES ROAD**  
CITY-ST-ZIP **RAYMOND ME 04071**TITLE **D** ☒ Change ☐ Addition  
NAME **RENT PETER J**  
STREET ADDRESS **100 MAIN STREET**  
CITY-ST-ZIP **DARTMOUTH NS B2X 1R5**TITLE **VTSD** ☐ Delete  
NAME **BIGGS SUSAN J**  
STREET ADDRESS **23 SYLVAN ROAD**  
CITY-ST-ZIP **SCARBOROUGH ME 04074**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **PD** ☐ Delete  
NAME **SHELLEY WILLIAM F**  
STREET ADDRESS **30 FRAN CIRCLE**  
CITY-ST-ZIP **GRAY ME 04039**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: **William F. Shelley, P.E.**

PD

01/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)