

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90167 007 ***150.00

DOCUMENT # F98000004536

1. Entity Name
NEECE, INC.



Principal Place of Business
**910 PROSPECT
PERU IL 61354**

Mailing Address
**PO BOX 469
PERU IL 61354**



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 **36-3957507**

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

**FLETCHER, PAUL G P.A.
1500 S. DIXIE HWY., STE. 200
CORAL GABLES FL 33146**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	NEECE, ROBERT H	
STREET ADDRESS	1164 WICKER DR	
CITY-ST-ZIP	COLONIAL HEIGHTS VA 23834	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEECE, WILLIAM M JR	
STREET ADDRESS	2181 SALERNO CIRCLE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEECE, SHEILA D	
STREET ADDRESS	278-284 S. MAIN ST	
CITY-ST-ZIP	MARSEILLES IL 61341	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KENKEL, SHELLEY A	
STREET ADDRESS	468 MARQUESAS CT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPURLOCK, BERYL J	
STREET ADDRESS	159 SW 47TH TER UNIT 102	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	SONNON, DONNA F	
STREET ADDRESS	5043 BLACKBERRY LANE	
CITY-ST-ZIP	BUFORD GA 30518-1309	

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela J. Hurley	
STREET ADDRESS	910 Prospect Ave.	
CITY-ST-ZIP	Peru, IL 61354	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	974 Golden Cane Dr.	
CITY-ST-ZIP	Weston, FL 33327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela J. Hurley

2/18/03

815-223-0141

Date

Daytime Phone #

CR2E034 (10/02)