

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90008 014 ***150.00

DOCUMENT # G71096

1. Entity Name

MCNEILL TRANSPORT, INC.

Principal Place of Business

**325 SW 66 AVE
MARGATE FL 33068
US**

Mailing Address

**325 SW 66 AVE
MARGATE FL 33068
US**

2. Principal Place of Business

**1340 Tilberg Ave. NW
Suite, Apt. #, etc.**

3. Mailing Address

**1340 Tilberg Ave. NW
Suite, Apt. #, etc.**

City & State

Palm Bay, Fl.

City & State

Palm Bay, Fl.

4. FEI Number

59-2363730

Applied For

Not Applicable

Zip

32907

Country

Brevard

Zip

32907

Country

Brevard

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

**MCNEILL, ROBERT E
325 SW 66 AVE
MARGATE FL 33068**

Name

McNeill, Robert E

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

1340 Tilberg Ave. NW

City

Palm Bay, Fl.

FL

Zip Code

32907

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

Robert E. McNeill *Robert E. McNeill* **25-01**

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

(NOTE: Registered Agent signature required when re-statuting)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEILL, ROBERT E	NAME	McNeill, Robert E.
STREET ADDRESS	325 SW 66TH AVE	STREET ADDRESS	1340 Tilberg Ave. NW
CITY-ST-ZIP	MARGATE FL	CITY-ST-ZIP	Palm Bay, FL. 32907
TITLE	DST <input type="checkbox"/> Delete	TITLE	D/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEILL, JANET	NAME	McNeill, Janet
STREET ADDRESS	325 SW 66TH AVE	STREET ADDRESS	1340 Tilberg Ave. NW
CITY-ST-ZIP	MARGATE FL	CITY-ST-ZIP	Palm Bay, FL. 32907
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

Robert E. McNeill *Robert E. McNeill* **4-25-01 (321) 727-8123**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)