

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012497

1. Entity Name
NEFF ENGINEERING, LLC

FILED

01 APR -4 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2100 LEE ROAD, STE. D
WINTER PARK FL 32789

Mailing Address
2100 LEE ROAD, STE. D
WINTER PARK FL 32789



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3676124

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHICK, DAVID L ESQ.
C/O GRAY, HARRIS & ROBINSON, P.A.
301 E. PINE ST., STE. 1400
ORLANDO FL 32801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
STREET ADDRESS GLENN NEFF JR.
CITY-ST-ZIP 2100 LEE ROAD, SUITE D
WINTER PARK, FL 32789 ☐ Delete

TITLE NAME PRESIDENT
STREET ADDRESS GLENN NEFF JR.
CITY-ST-ZIP 2100 LEE ROAD, SUITE D
WINTER PARK, FL 32789 ☐ Change ☒ Addition

TITLE NAME MGRM
STREET ADDRESS DAVID S. NEFF
CITY-ST-ZIP 2100 LEE ROAD, SUITE D
WINTER PARK FL 32789 ☐ Delete

TITLE NAME EXECUTIVE VICE PRESIDENT
STREET ADDRESS DAVID S. NEFF
CITY-ST-ZIP 2100 LEE ROAD, SUITE D
WINTER PARK, FL 32789 ☐ Change ☒ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)