

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000073925**

1. Entity Name

NEEKA'S INC.

Principal Place of Business

**2908 SO. HOPKINS AVENUE
TITUSVILLE FL 32780**

Mailing Address

**6785 SONG DRIVE
COCOA FL 32927**

2. Principal Place of Business

4880 Windover Way

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Titusville, Fl.

City & State

4. FEI Number

59-3666456

Applied For

Not Applicable

Zip
32780Country
USA

Zip

Country

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

**ALFORD, NEEKA A
2908 SO. HOPKINS AVENUE
TITUSVILLE FL 32780**

Name

Alford, Neeka A.

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

6785 Song Drive

City

Cocoa,**FL**Zip Code
32927

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

Neeka Alford **Neeka Alford****4-30-01**

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	D	<input type="checkbox"/> Delete
NAME	ALFORD, NEEKA A	
STREET ADDRESS	6785 SONG DRIVE	
CITY-ST-ZIP	COCOA FL 32927	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Neeka Alford **Neeka Alford**

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)