

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

02-24-2003 90957 005 \*\*\*150.00

**DOCUMENT # P00000076754**

1. Entity Name  
**W.M. NEECE & ASSOCIATES, INC.**



Principal Place of Business  
**807 EAST MAIN STREET  
IMMOKALEE FL 34142**

Mailing Address  
**1500 S. DIXIE HWY., STE. 200  
CORAL GABLES FL 33146**

2. Principal Place of Business

3. Mailing Address  
**P.O. Box 469**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Peru, IL**

4. FEI Number  
**56-1733902**

Applied For  
Not Applicable

Zip

Country

Zip  
**61354**

Country  
**LaSalle**

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

**PAUL G. FLETCHER, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
NEECE, WILLIAM M  
960 CAPE MARCO DRIVE, #1102  
MARCO ISLAND FL 34145**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
SONNON, DONNA  
5847 LAKESHORE DRIVE  
BUFORD GA 30518**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
HURLEY, PAMELA J  
910 PROSPECT AVE.  
PERU IL 61354**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
KENNEL DENNIS W  
421 BATTER SEA COURT  
MARCO ISLAND FL 34146**

☒ Delete

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

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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** *Pamela J. Hurley* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/18/03**  
Date

**815-223-0141**  
Daytime Phone #

CR2E034 (10/02)