

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-24-2003 90167 025 ***150.00

DOCUMENT # P01000057243

1. Entity Name
WILLIAM NEECE CORPORATION



Principal Place of Business
**1500 SOUTH DIXIE HWY
STE 200
CORAL GABLES FL 33146**

Mailing Address
**PO BOX 489
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 **30-0036242**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLETCHER, PAUL G ESQ.
BANK OF AMERICA BUILDING
1500 SOUTH 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 ☐ Delete
NAME **PD NEECE SR, WILLIAM M**
STREET ADDRESS **960 CAPE MARCO DR., UNIT 1102**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

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

TITLE ☐ Delete
NAME **VP NEECE JR, WILLIAM M**
STREET ADDRESS **745 SW 44TH STREET 802**
CITY-ST-ZIP **SUNRISE FL 33325**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **974 Golden Cane Dr.**
CITY-ST-ZIP **Weston, FL 33327**

TITLE ☐ Delete
NAME **T NEECE, ROBERT H**
STREET ADDRESS **1164 WICKER DRIVE**
CITY-ST-ZIP **COLONIAL HEIGHTS VA 23834**

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

TITLE ☐ Delete
NAME **S HURLEY, PAMELA J**
STREET ADDRESS **910 PROSPECT AVENUE**
CITY-ST-ZIP **PERU IL 61354**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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] FEE REQUIRED

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

2/20/03

815-223-0141

Date

Daytime Phone #

CR2E034 (10/02)