2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001807

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90105 036 ***150.00

1. Entity Name
NEKO, INC. AMERICAN

Principal Place of Business
3427 RECKER HIGHWAY
WINTER HAVEN FL 33881

Mailing Address
3427 RECKER HIGHWAY
WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 59-3236179 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
SIDWELL, GLEN
3427 RECKER HIGHWAY
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
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

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

TITLE	PD ☐ Delete
NAME	SIDWELL, GLEN
STREET ADDRESS	1584 N LAKE SHIPP DR
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	VTD ☐ Delete
NAME	SIDWELL, MICHAEL
STREET ADDRESS	1905 QUEEN'S TERRACE
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	VD ☐ Delete
NAME	SIDWELL, CONNIE
STREET ADDRESS	1905 QUEEN'S TERRACE
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	VSD ☐ Delete
NAME	SIDWELL, TARESSA
STREET ADDRESS	1584 N LAKE SHIPP DR
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/00)

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: Glen C Sidwell 4-23-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #