2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P96000092028

1. Entity Name

THE NEFF GROUP, INC.

001Ω03 AV

Principal Place of Business	Mailing Address
417 VILLAGE VIEW LANE	417 VILLAGE VIEW LANE
LONGWOOD FL 32779-2606	LONGWOOD FL 32779-2606

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 59-3410381	Applied For / Not Applicable
Zip / Country	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
POOLE, WILLIAM F IV **644 WEST COLONIAL DRIVE** **ORLANDO FL 32804**	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

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 $550.00** **After September 12, 2001 Fee will be $750.00** **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	**P**	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	**NEFF, MICHAEL J**		NAME			
STREET ADDRESS	**417 VILLAGE VIEW LANE**		STREET ADDRESS			
CITY-ST-ZIP	**LONGWOOD FL 32779-2606**		CITY-ST-ZIP			
TITLE	**VTS**	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	**NEFF, SUSAN Z**		NAME			
STREET ADDRESS	**417 VILLAGE VIEW LANE**		STREET ADDRESS			
CITY-ST-ZIP	**LONGWOOD FL 32779-2606**		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E034 (5/01)

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: _Susan Bergelquist_ SUSAN Z. NEFF (VTS) 7/20/01 407 862 6002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #