

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000079238

1. Entity Name

NEVILLE INTERNATIONAL LIMITED, INC.

PLEASE NOTE  
↓

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90039 023 \*\*\*150.00

Principal Place of Business

Mailing Address

9148 ABBOTT ~~STREET~~ AVENUE  
SURFSIDE FL 33154

9148 ABBOTT ~~STREET~~ AVENUE  
SURFSIDE FL 33154-3135

2. Principal Place of Business

9148 AVENUE

3. Mailing Address

9148 ABBOTT AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SURFSIDE FL.

City & State

SURFSIDE FL.

4. FEI Number

65-0863346

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip 33154

Country U.S.A

Zip 33154

Country U.S.A

6. Name and Address of Current Registered Agent

NEVILLE, MAURICE P  
9148 ABBOTT ~~STREET~~ AVENUE  
SURFSIDE FL 33154

7. Name and Address of New Registered Agent

Name NEVILLE, MAURICE P  
Street Address (P.O. Box Number is Not Acceptable)  
9148 ABBOTT AVENUE  
City SURFSIDE FL Zip Code 33154

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 *M P Neville* MAURICE P. NEVILLE

March 27, 2000

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	NEVILLE, MAURICE P	
STREET ADDRESS	9148 ABBOTT <del>STREET</del> AVENUE	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEVILLE, JUNE S	
STREET ADDRESS	9148 ABBOTT <del>STREET</del> AVENUE	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEVILLE, MAURICE P	
STREET ADDRESS	9148 ABBOTT AVENUE	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEVILLE JUNE S	
STREET ADDRESS	9148 ABBOTT AVENUE	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 *M P Neville* MAURICE P. NEVILLE

MARCH 27, 2000.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-866 4103

CRPFC034 (9/98)