

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000018779**

1. Entity Name

**NEIL'S TRANSPORT, INC**

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90908 018 \*\*\*150.00

Principal Place of Business

Mailing Address

00052362

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4290 LAKERIDGE DR**

Suite, Apt. #, etc.

3. Mailing Address

**4290 LAKERIDGE DR**

Suite, Apt. #, etc.

City & State

**MELBOURNE, FL**

City & State

**MELBOURNE, FL**

4. FEI Number

**59-3564025**

Applied For

Not Applicable

Zip

**32934**

Country

**USA**

Zip

**32934**

Country

**USA**

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

Name

**NEIL HOLLOWAY**

Street Address (P.O. Box Number is Not Acceptable)

**4290 LAKERIDGE DR**

City

**MELBOURNE**

**FL**

Zip Code

**32934**

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)

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10. Election Campaign Financing  
Trust Fund Contribution.

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**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

NAME

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CITY - ST - ZIP

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☐ Change

☐ Addition

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:

**Neil Holloway**

**NEIL HOLLOWAY**

**4/28/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #