

2001 UNIFORM BUSINESS REPORT (UBR)

3/1/

FILED

Mar 30, 2001 8:00 am
Secretary of State

03-01-2001 91325 049 ***150.00

DOCUMENT # P99000018779

1. Entity Name

NEIL'S TRANSPORT, INC.

Principal Place of Business

Mailing Address

4290 LAKERIDGE DR.
MELBOURNE FL 32934

4290 LAKERIDGE DR.
MELBOURNE FL 32934

2. Principal Place of Business

3. Mailing Address

1626 Ricardo St SE
Suite, Apt. #, etc.

Same
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

33520

City & State

City & State

4. FEI Number

59-3564025

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

HOLLOWAY, NEIL A
4290 LAKERIDGE DR.
MELBOURNE FL 32934

Name Same

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

1626 Ricardo St SE

City PALM Bay

FL

Zip 32909

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVT
NAME HOLLOWAY, NEIL
STREET ADDRESS 4290 LAKERIDGE DRIVE
CITY-STATE-ZIP MELBOURNE FL 32934

TITLE PVT
NAME Holloway Neil
STREET ADDRESS 1626 Ricardo St SE
CITY-STATE-ZIP PALM Bay 32909

TITLE SD
NAME FRANKELL, JENNIFER
STREET ADDRESS 4290 LAKERIDGE DRIVE
CITY-STATE-ZIP MELBOURNE FL 32934

TITLE SD
NAME Holloway Jennifer
STREET ADDRESS 1626 Ricardo St SE
CITY-STATE-ZIP PALM Bay FL 32909

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-16-01

321-432-870

CR2E034 (10/00)