

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024046

1. Entity Name

NEIGHBOR TO NEIGHBOR, INC.

Principal Place of Business

1127 S. PATRICK DRIVE
SUITE 26
SATELLITE BEACH FL 32937

Mailing Address

1127 S. PATRICK DRIVE
SUITE 26
SATELLITE BEACH FL 32903-0758

2. Principal Place of Business

P.O. Box 033758

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 033758

Suite, Apt. #, etc.

City & State

INDIANLANTIC, FL

City & State

INDIANLANTIC, FL

Zip

32903

Country

USA

Zip

32903

Country

USA

4. FEI Number

59-3563041

Applied For

Not Applicable

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

WILKERSON, JOHN S
530 KIMBERLY CIRCLE
WEST MELBOURNE FL 32904

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	PRESIDENT
STREET ADDRESS		STREET ADDRESS	161 CHURCHILL AVE.
CITY-ST-ZIP		CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	VP
STREET ADDRESS		STREET ADDRESS	530 KIMBERLY CIR.
CITY-ST-ZIP		CITY-ST-ZIP	W. MELBOURNE, FL 32904
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

John S. Wilkerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90007 007 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)