

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90059 045 \*\*\*150.00

0484107

**DOCUMENT # P99000024046**

1. Entity Name

**NEIGHBOR TO NEIGHBOR, INC.**

Principal Place of Business

PO BOX 033758  
 INDIALANTIC FL 32903  
 US

Mailing Address

PO BOX 033758  
 INDIALANTIC FL 32903  
 US

2. Principal Place of Business

**1900 S. U.S. 1**

3. Mailing Address

**1900 S. U.S. 1**

Suite, Apt. #, etc.

**Suite 102**

Suite, Apt. #, etc.

**Suite 102**

City & State

**MELBOURNE, FL**

City & State

**MELBOURNE, FL**

Zip

**32901**

Country

**USA**

Zip

**32901**

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

**WILKERSON, JOHN S  
 530 KIMBERLY CIRCLE  
 WEST MELBOURNE FL 32904**

7. Name and Address of New Registered Agent

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, 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

TITLE **P** ☐ Delete  
 NAME **EUSTIS, BILL R**  
 STREET ADDRESS **161 CHURCHILL AVE**  
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **V** ☐ Delete  
 NAME **WILKERSON, JOHN S**  
 STREET ADDRESS **530 KIMBERLY CIR**  
 CITY-ST-ZIP **W MELBOURNE FL 32904**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
 NAME **EUSTIS, BILL R.**  
 STREET ADDRESS **1961 WALLACE AVE.**  
 CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*John S. Wilkerson* **JOHN S. WILKERSON**

**2/15/01**

Date

**321-956-1890**

Daytime Phone #

CR2E034 (10/00)