

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90062 020 ***150.00

DOCUMENT # P99000095959

1. Entity Name
N.E.A.T. AUTO TRANSPORT INC.

Principal Place of Business
6114 TURNBURY PARK DRIVE
#12302
SARASOTA FL 34243

Mailing Address
95 OLD COLONY AVE
PMB 330
QUINCY MA 02170



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
131 Buckeye AVE.
 Suite, Apt. #, etc.

3. Mailing Address
95 OLD COLONY AVE
 Suite, Apt. #, etc.
PMB 330

City & State
Port Charlotte FL

City & State
QUINCY MA

4. FEI Number
65-1005647

Applied For
 Not Applicable

Zip
33952

Country

Zip
02170

Country
MA

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

VENUTI, MICHAEL A
6114 TURNBURY PARK DRIVE
#12302
SARASOTA FL 34243

Name
Venuti Michael A.
 Street Address (P.O. Box Number is Not Acceptable)
131 Buckeye AVE.
 City
Port Charlotte **FL** Zip Code
33952

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P			
	VENUTI, MICHAEL A	6114 TURNBURY PARK DRIVE #12302	SARASOTA FL 34243	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael Venuti
Michael Venuti 2/26/02 800 221 1784
 800 221 1784

CR2E034 (9/01)