

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90205 025 ***150.00

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DOCUMENT # S37856

1. Entity Name
NEACE BUILDERS, INC.



Principal Place of Business
2028 FLAMING ARROW COURT
CASSELBERRY FL 32707
US

Mailing Address
1408 WESTDALE AVE
WINTER PARK FL 32792
US



2. Principal Place of Business

3. Mailing Address

2028 FLAMING ARROW CT.
Suite, Apt. #, etc.

2028 FLAMING ARROW CT.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Casselberry, FL

City & State
Casselberry, FL

4. FEI Number **59-3077883**

Applied For
Not Applicable

Zip
32730

Country
Seminole

Zip
32730

Country
Seminole

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

NEACE, CHESTER
1408 WESTDALE AVE.
WINTER PARK FL 32792

Name
Chester Neace
Street Address (P.O. Box Number is Not Acceptable)
2028 FLAMING ARROW CT.
Casselberry
City **Casselberry** **FL** Zip Code **32730**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Chester Neace**

Chetan

4-25-2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NEACE, CHESTER R., JR.
2028 FLAMING ARROW COURT
CASSELBERRY FL 32707 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
NEACE, SHARON L
2028 FLAMING ARROW COURT
CASSELBERRY FL 32707 ☐ Delete

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

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☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chester Neace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03 407-681-9191

Date

Daytime Phone #

CR2E034 (10/02)