

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2028 FLAMING ARROW Ct.
Suite, Apt. #, etc.

3. Mailing Address
2028 FLAMING ARROW Ct.
Suite, Apt. #, etc.

City & State
Casselberry, FL
Zip
32730
Country
Seminole

City & State
Casselberry, FL
Zip
32730
Country
Seminole

4. FEI Number **59-3077883**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NEACE, CHESTER
1408 WESTDALE AVE.
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

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

Neace
(NOTE: Registered Agent signature required when reinstating)

4-25-2003
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	D <input type="checkbox"/> Delete
NAME	NEACE, CHESTER R., JR.
STREET ADDRESS	2028 FLAMING ARROW COURT
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	VP <input type="checkbox"/> Delete
NAME	NEACE, SHARON L
STREET ADDRESS	2028 FLAMING ARROW COURT
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

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

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)