## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 16, 2000 8:00 am Secretary of State DOCUMENT # 353006 MCDONALD CONTRACTING, INC. 05-16-2000 90108 017 \*\*\*150.00 Principal Place of Business Mailing Address 3030 N PACÉ BOULEVARD 3030 N PACE BOULEVARD PENSACOLA FL 32505-5654 PENSACOLA FL 32505-5654 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1289589 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCDONALD, G.E. Street Address (P.O. Box Number is Not Acceptable) 35 SHORELINE DR. **GULF BREEZE FL 32561** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees -(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE MCDONALD, GLENN E NAME NAME STREET ADDRESS STREET ADDRESS 35 SHORELINE DR. CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32561** Addition ☐ Change TITLE ☐ Delete MCDONALD, J.P. NAME NAME STREET ADDRESS 35 SHORELINE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32561** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

3. 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.

CITY-ST-ZIP

**SIGNATURE** 

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 850-438-6

Daytime Phone #