2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
03-11-2002 90016 033 ***150.00

DOCUMENT # H50097

1. Entity Name
MCCREARY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% WILLIAM T. MCCREARY 700 CENTRAL PARKWAY STUART FL 34994	% WILLIAM T. MCCREARY 700 CENTRAL PARKWAY STUART FL 34994

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8607 SW Perry Ln. *Stuart, FL 34997-7936*	*8607 SW Perry Ln.* *Stuart, FL 34997-7936*
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2548079 ☐ Applied For ☐ Not Applicable

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
MCCREARY, WILLIAM T. 700 CENTRAL PARKWAY STUART FL 34994-9985	Name Street Address (P.O. Box Number is Not Acceptable) *Wm T. McCreary* *8607 SW Perry Ln* *Stuart, FL 34997-7936* 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: Wm T McCreary — *Mr. Wm T. McCreary* — 2-22-02
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	DPVS MCCREARY, WILLIAM T. 700 CENTRAL PARKWAY STUART FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	*Mr. Wm T. McCreary* *8607 SW Perry Ln.* *Stuart, FL 34997-7936*	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCREARY, MIKE 8607 SW PERRY LANE STUART FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCREARY, TIM 8607 SW PERRY LN STUART FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCREARY, SCOTT 8607 SW PERRY LN STUART FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCREARY, TOM 8607 SW PERRY LANE STUART FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCREARY, HELEN 3734 MONROE STREET BELLAIRE OH 43906	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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: Wm T McCreary — *Mr. Wm T. McCreary* — 2-22-02 — 772 485 2095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #