

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90346 026 \*\*\*150.00

DOCUMENT # PD1000113185  
1. Entity Name  
MCCRELESS + SOARS, INC ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>2950 Tohopekaliga Dr.</u> Suite, Apt. #, etc.	3. Mailing Address <u>2950 Tohopekaliga Dr.</u> Suite, Apt. #, etc.
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**B0053875**

DO NOT WRITE IN THIS SPACE

City & State <u>St. Cloud, FLA</u>	City & State <u>St. Cloud, FLA</u>	4. FEI Number <u>EIN 59-3757389</u>	Applied For Not Applicable
Zip <u>34772</u>	Country <u>USA</u>	Zip <u>34772</u>	Country <u>USA</u>
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Princess McCreless

Street Address (P.O. Box Number is Not Acceptable)  
2950 Tohopekaliga Dr

City St. Cloud FL Zip Code 34772

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) <input type="checkbox"/>	<p><b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b></p>	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Director Princess McCreless 2950 Tohopekaliga Dr. St. Cloud, FLA 34772</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Princess McCreless 3/10/02 407-891-8432  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034B (12/01)