## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 07, 2000 8:00 am Secretary of State DOCUMENT # **P97000086425** BERNARD MCARDLE ENTERPRISES, INC. 04-07-2000 90075 005 \*\*\*150.00 Principal Place of Business Mailing Address 2929 DEER RUN SOUTH 21979 US HWY 19. N CLEARWATER FL 33761-3927 CLEARWATER FL 33765 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #. etc. Applied For City & State City & State 4. FEI Number 59-3475473 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCARDLE, BERNARD P III Street Address (P.O. Box Number is Not Acceptable) 2929 DEER RUN SOUTH **CLEARWATER FL 34621** 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 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. PD Change Addition MCAROLE, BERNARD P III 2929 DEER RUN SOUTH ☐ Delete TITI F TITLE. MCARDLE, BERNARD P III NAME NAME STREET ADDRESS STREET ADDRESS 2929 DEER RUN SOUTH CLEARWATER, FL 33761 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 34621 Addition Change TITLE TITLE ☐ Delete DARLENE MCARDLE NAME NAME 2929 DEER RUNSOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33761 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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3-17-00

(727) 510-6056

Daytime Phone #