

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90107 019 ***158.75

DOCUMENT # 154398

1. Entity Name

MCNEILL-WALL & ASSOCIATES, INC.

Principal Place of Business

**1211 NORTH THIRD ST
 JACKSONVILLE BEACH FL 32250-7069**

Mailing Address

**PO BOX 50069
 JACKSONVILLE FL 32240-0069**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0580136

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

**WALL, JOHN R III
 1743 MADERO DRIVE
 LADY LAKE FL 32159**

Name

Wall, John R III

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

720 Wandering Lane

City

St. Augustine

FL

Zip Code

32080

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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 **C** ☐ Delete
 NAME **WALL, JOHN RICHARD, III**
 STREET ADDRESS **1743 MADERO DRIVE**
 CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE **C** ☒ Change ☐ Addition
 NAME **Wall, John Richard III**
 STREET ADDRESS **720 Wandering Lane**
 CITY-ST-ZIP **St. Augustine FL 32080**

TITLE **P** ☐ Delete
 NAME **GARRISON, CORRINE**
 STREET ADDRESS **14476 SAN PABLO DR. N**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☒ Delete
 NAME **WOOD, SHARON M**
 STREET ADDRESS **28 MILLIE DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **FLETCHER, JOHN L**
 STREET ADDRESS **672 OCEAN BV**
 CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE **S** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition
 NAME **McCormick, Patricia**
 STREET ADDRESS **14560 San Pablo Dr N.**
 CITY-ST-ZIP **Jacksonville FL 32225**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Corrine Garrison
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-2001 904-249-2345

CR2E034 (10/00)