

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90261 033 ***158.75

DOCUMENT # 487200

1. Entity Name
280 MCCALL ROAD, INC.



Principal Place of Business
**1768 BAYSHORE DR
ENGLEWOOD FL 34223
US**

Mailing Address
**P.O. BOX 1271
ENGLEWOOD FL 34295
US**

10021510



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1627098**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**ROOT CHARLES F
1768 BAYSHORE DR
ENGLEWOOD FL 34223**

Name **Peter Root**
Street Address (P.O. Box Number is Not Acceptable)

280 S. McCall Rd

City **Englewood** **FL** Zip Code **34223**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Peter A. Root**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-11-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	ROOT, CHARLES F.	
STREET ADDRESS	1768 BAYSHORE DR.	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROOT, PETER S.	
STREET ADDRESS	1768 BAYSHORE DR	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	ROOT STEPHENS, DIANNE	
STREET ADDRESS	1768 BAYSHORE DR	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROOT, T. M	
STREET ADDRESS	2102 RIVER PARK DR	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROOT, MARCZYK D	
STREET ADDRESS	6501 COWIE RD	
CITY-ST-ZIP	WYOMING NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Peter A. Root** **RECEIVED** **ROOT PRB.** **2-11-03** **541-474-5781**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)