

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90147 048 ***150.00

DOCUMENT # 500683

1. Entity Name
BILL'S BOOKSTORE, INC.



Principal Place of Business
**107S COPELAND ST
TALLAHASSEE FL 32304**

Mailing Address
**701 WEST BREVARD STREET
TALLAHASSEE FL 32304**



2. Principal Place of Business

111 South Copeland St.
Suite, Apt. #, etc.

3. Mailing Address

3365 Garber Drive
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Tallahassee FL

City & State
Tallahassee FL

4. FEI Number **59-1692701**

Applied For
Not Applicable

Zip
32304

Country
USA

Zip
32303

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCNEILL, MALCOLM C., III
107 SOUTH COPELAND STREET
TALLAHASSEE FL 32304-4398**

7. Name and Address of New Registered Agent

Name
Malcolm C. McNeill, III
Street Address (P.O. Box Number is Not Acceptable)
3365 Garber Drive
City
Tallahassee FL Zip Code
32303

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 **Malcolm C. McNeill, III**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/29/03
DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MCNEILL III, M. C.
6982 STANDING PINES LANE
TALLAHASSEE FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPST
MCNEILL, JOYCE S.
6982 STANDING PINES LANE
TALLAHASSEE FL** ☐ Delete

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

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☐ Change ☐ Addition

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: **SIGNATURE OF REGISTERED AGENT** **Malcolm C. McNeill, III** **1/29/03 (850) 224-3606**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)