2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**)

855442 DOCUMENT

1. Entity Name

MCGINLEY MAINTENANCE, INC.



FILED Feb 18, 2003 8:00 am Secretary of State 02-18-2003 90102 048 ***150.00

						ONE !					
,	ice of Business		Mailing Address								
PO BOX 259				PO BOX 259							
BELLE VERNON PA 15012			=	BELLE VERNON PA 15012							
US			ŲS								
2. Principal Place of Business			3 . Ma	3. Mailing Address			1	1 1801H1 18181 B1181 B1111 B1011 B1011 B1011 1	HON ONUN THEM	ioil 81011	
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			4. F	25-1101217		Applied For Not Applicable	
Zip		Country Zip Cour			Count	ry	5. 0	Certificate of Status Desired	\$8.75 Fee Re	Additional	
6. Name and Address of Current Registered Agent							7N	Name and Address of New Registe	red Agent		
						Name					
MCGINLEY, JOHN M				Street Address			(P.O. Box Number is Not Acceptable)				
742 MANDALAY AVE.				Street Address			(F.O. B)	ox Number is Not Acceptable)			
CLEARWATER FL 34630					ĺ					·	
				Cit					FL Zip	Code	
The above named entity submits this statement for the purpose of changing its registerer						J -46::		and a half to the Orate of Olivina			
the obliga	tions of register	ed agent.	nt for the purp	ose of changing its	registere	a onice or registe	erea age	ent, or both, in the State of Florida.	l am tamiliar v	with, and accept	
SIGNATURE		printed name of registered a	gent and title if app	olicable. (NOTE	: Registered	Agent signature require	ed when rei	instating) D	ATE		
		FFF 10 01 F0 00		1							
		FEE IS \$150.00						9. Election Campaign Financin	9 \$	5.00 May Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Trust Fund Contribution.		dded to Fees	
					11.		ADI	DITIONS/CHANGES TO OFFICERS	AND DIRECT	FORS IN 11	
TITLE	PD	31110211011		☐ Delete	TITLE	7	ADI	BINONO/OFFANGES TO OFFICERE	Char		
NAME	MCGINLEY,	JOHN M.		C Delete	NAME					ige Addition	
STREET ADDRESS	742 MANDA					T ADDRESS					
CITY-ST-ZIP	CLEARWATE				CITY-	ST-ZIP				S	
TITLE	VD			☐ Delete	TITLE		<i>j</i>		☐ Char	nge	
NAME	MCGINLEY,	JACK			NAME	İ			_		
STREET ADDRESS	1413 CLEAR				STREE	T ADDRESS					
CITY-ST-ZIP	GREENSBUR	RG PA			CITY=	ST-ZIP		The second secon			
TITLE	SD			☐ Delete	TITLE				Char	nge 🗌 Addition	
NAME	MCGINLEY,	elizabeth a.			NAME						
STREET ADDRESS	742 MANDAI	.ay ave.		,		T ADDRESS					
CITY-ST-ZIP	CLEARWATE	R BCH FL			CITY-S	ST-ZIP					
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NAME					NAMÉ						
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NAME STREET ADDRESS					NAME						
STREET ADDRESS CITY-ST-ZIP						F ADDRESS					
					LIIA	T-71P					
TITLE					-	ST-ZIP					
TITLE		<u> </u>		☐ Delete	TITLE	ST-ZIP			☐ Chan	ge 🔲 Addition	
NAME				☐ Delete	TITLE				☐ Chan	ge Addition	
		197		☐ Delete	TITLE	ADDRESS			☐ Chan	ge Addition	

rivereby certify that the information supplied with this filling 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: \angle

SHANDE CEQUIRED PRINTED MANY OF SIGNING OFFICER OR DIRECT

800-624-6826