

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003881

1. Entity Name

MCBRIDE CONSTRUCTION, INC.

Principal Place of Business
2442 EXECUTIVE PLAZA ROAD
PENSACOLA FL 32504

Mailing Address
2442 EXECUTIVE PLAZA ROAD
PENSACOLA FL 32504

2. Principal Place of Business

101 E. BRAINERD ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

Zip

Country

U.S.

Zip

Country

U.S.

4. FEI Number

54-1516412

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

MCBRIDE, WILLIAM C
320 WEST LLOYD STREET
PENSACOLA FL 32501

Name

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

City

FL

Zip Code

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PCD
NAME MCBRIDE, WILLIAM C
STREET ADDRESS 320 WEST LLOYD STREET
CITY-ST-ZIP PENSACOLA FL 32501

☐ Delete

TITLE STD
NAME MCBRIDE, KATHLEEN T
STREET ADDRESS 320 WEST LLOYD STREET
CITY-ST-ZIP PENSACOLA FL 32501

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

William C. McBride

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM C. MCBRIDE
PRESIDENT

4/2/01

Date

(850) 434-5522

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90073 031 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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