

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90306 038 \*\*\*150.00

DOCUMENT # F02000000614

1. Entity Name  
MCNEARY INSURANCE CONSULTING, INC.



Principal Place of Business  
6525 MORRISON BLVD., STE 200  
CHARLOTTE NC 28211

Mailing Address  
6525 MORRISON BLVD., STE 200  
CHARLOTTE NC 28211

2. Principal Place of Business  
307 Park Lake Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Orlando Florida

City & State

4. FEI Number 56-0932184

Applied For  
Not Applicable

Zip  
32803

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name  
McNeary Ins. Consulting, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
Attn: Keith Driggers  
307 Park Lake Circle  
City Orlando FL Zip Code 32803

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

1/30/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 PT  
NAME YAEGER, WILLIAM D ☐ Delete  
STREET ADDRESS 6525 MORRISON BLVD., STE 200  
CITY-ST-ZIP CHARLOTTE NC

TITLE P T D  
NAME Yaeager, William D ☒ Change ☐ Addition  
STREET ADDRESS 6525 Morrison Blvd Ste 200  
CITY-ST-ZIP Charlotte, NC

TITLE VD  
NAME BOOKE III, SAM L ☐ Delete  
STREET ADDRESS 6525 MORRISON BLVD., STE 200  
CITY-ST-ZIP CHARLOTTE NC

TITLE C  
NAME Booke Jr. Samuel ☐ Change ☒ Addition  
STREET ADDRESS 6525 Morrison Blvd Ste 200  
CITY-ST-ZIP Charlotte, NC

TITLE V  
NAME BROWN, WILLIAM B ☐ Delete  
STREET ADDRESS 6525 MORRISON BLVD., STE 200  
CITY-ST-ZIP CHARLOTTE NC

TITLE D  
NAME Booke, Henry ☐ Change ☒ Addition  
STREET ADDRESS 6525 Morrison Blvd Ste 200  
CITY-ST-ZIP Charlotte, NC

TITLE V  
NAME FRANCIS, MARK D ☐ Delete  
STREET ADDRESS 6525 MORRISON BLVD., STE 200  
CITY-ST-ZIP CHARLOTTE NC

TITLE V S  
NAME Mullis, Jannette ☐ Change ☒ Addition  
STREET ADDRESS 6525 Morrison Blvd Ste 200  
CITY-ST-ZIP Charlotte, NC

TITLE V  
NAME GIDDENS, RANDY L ☐ Delete  
STREET ADDRESS 6525 MORRISON BLVD., STE 200  
CITY-ST-ZIP CHARLOTTE NC

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

TITLE V ☒ Delete  
NAME HODGES, THOMAS M  
STREET ADDRESS 6525 MORRISON BLVD., STE 200  
CITY-ST-ZIP CHARLOTTE NC

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/03 7043654150

Date

Daytime Phone #

CR2E034 (10/02)