

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005056

1. Entity Name

MCDANIEL & COMPANY

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90029 028 ***150.00

Principal Place of Business

4425 MARKET STREET
 MARIANNA FL 32446
 US

Mailing Address

P.O. BOX 5768
 MARIANNA FL 32447-5768

2. Principal Place of Business

2910 Russ Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Marianna, FL

City & State

4. FEI Number

63-0921974

Applied For

Not Applicable

Zip

32447

Country

U.S.A.

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

TYLER, J. PHILIP
 4425 MARKET ST.
 MARIANNA FL 32446

Name

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

2910 Russ Street

City

Marianna

FL

Zip Code

32447

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME ELLIS, JAMES C
 STREET ADDRESS 1130 APPIAN WAY
 CITY-ST-ZIP DOTHAN AL 36303

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

TITLE SD ☐ Delete
 NAME PRICE, GEORGE F
 STREET ADDRESS 105 LINDSEY LN.
 CITY-ST-ZIP DOTHAN AL 36303

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

TITLE T ☐ Delete
 NAME CHESHIRE, T. LEON
 STREET ADDRESS 209 PLANTATION RD.
 CITY-ST-ZIP DOTHAN AL 36303

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George F. Price

4/28/00

334.792-2153

Date

Daytime Phone #

CR2E034 (9/99)