2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G07877

1. Entity Name

MCENTEE CONSTRUCTION, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90844 012 ***150.00

			WE THE				
Principal Place of Business % JOHN D. MCENTEE 605 JUAN ORTIZ CR FT PIERCE FL 34947	% JOI 605 JI	g Address HN D. MCENTEE UAN ORTIZ CR ERCE FL 34947	•				
2. Principal Place of Business	3. Mail	ing Address			(13) 31)() bibli		Bột Billi (Ba)
Suite, Apt. #, etc:	Suite	e, Apt. #, etc.		☐ CHECK HERE IF	MAKING C	HANGES	
City & State	City	& State		4. FEI Number 59-2219468			plied For t Applicable
Zip Country	Zip		Country	5. Certificate of Status Desired		8.75 Addi	itional
		4.0	······································	7. Name and Address of New Re			
6. Name and Address	or Current Registere	a Agent	Name	7. Hand and Addiess of New York	g		
MCENTEE, JOHN D.			Street Addre	ss (P.O. Box Number is Not Acceptable)			
605 JUAN ORTIZ CR.							
FT PIERCE FL 33450			:				
7			City	Mr. Jack Carlos	FL	Zip Code	•
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8. The above named entity submits this s	tatement for the purp	ose of changing its re	egistered office or regi	stered agent, or both, in the State of Flor	iua. Tairria	THE STATE OF	and decope
the obligations of registered agent.							
. 4							
SIGNATURE							
SIGNATURE Signature, typed or printed name of re	egistered agent and title if app	olicable. (NOTE: F	Registered Agent signature rec	guired when reinstating)	DATE		
Signature, typed or printed name of re		olicable. (NOTE: F	Registered Agent signature rec		DATE		
FILE NOW!!! FEE IS \$1 After May 1, 2003 Fee will be	50.00 \$550.00	olicable (NOTE: F	Registered Agent signature rec	quired when reinstating) 9. Election Campaign Fina Trust Fund Contribution	DATE	\$5.0	0 May Be
Signature, typed or printed name of re	50.00 \$550.00	olicable (NOTE: F	Registered Agent signature rec	Election Campaign Fina Trust Fund Contribution	DATE ancing	\$5.0 Added	I to Fees
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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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

PNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

RETUREDJohn McEntee

2-18-03 772-530-52

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Change

☐ Addition

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