

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

10090119

<b>DOCUMENT # H37534</b> 1. Entity Name <b>MCARDLE AND ASSOCIATES, INC.</b>		
Principal Place of Business <b>% THOMAS J. MCARDLE, II                  1925 CRAWFORD AVE.                  MERRITT ISLAND, FL 32953</b>		Mailing Address <b>% THOMAS J. MCARDLE, II                  1925 CRAWFORD AVE.                  MERRITT ISLAND, FL 32953</b>
2. Principal Place of Business <b>1355 War Eagle Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>1355 War Eagle Blvd</b> Suite, Apt. #, etc.
City & State <b>Titusville, FL</b>		City & State <b>Titusville, FL</b>
Zip <b>32796</b>		Zip <b>32796</b>
Country <b>USA</b>		Country <b>USA</b>
4. FEI Number <b>59-2482033</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent <b>MCARDLE, THOMAS J., II                  1925 CRAWFORD AVE.                  MERRITT ISLAND, FL 32953</b>		7. Name and Address of New Registered Agent Name <b>MCARDLE, Thomas J. II</b> Street Address (P.O. Box Number is Not Acceptable) <b>1355 WAR EAGLE BLVD</b> City <b>Titusville</b> FL Zip Code <b>32796</b>
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: <u>Thomas J. McArdle, President</u> DATE: <u>4/25/03</u> <small>(Signature, typed or printed name of registered agent and UBR 7 applicable. (NOTE: People listed Agent's printed name) when submitting)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerment.
SIGNATURE: <u>Thomas J. McArdle</u> DATE: <u>4/25/03</u> PHONE: <u>321-265-8271</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		SIGNATURE: _____ DATE: _____ PHONE: _____

CR20034 (10/02)