FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90029 044 ***158.75

DOCUMENT # H38571

1. Entity Name
McCo, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1625 W. Marion Ave	P.O. Box 511249
Suite, Apt. #, etc. Ste 6	Suite, Apt. #, etc
City & State: Punta Gorda Fl	City & State: Punta Gorda Fl.
Zip: 33950 Country: Char	Zip: 33951-1249 Country: Char

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2484608 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Paula F. McQueen
Street Address (P.O. Box Number is Not Acceptable): 1625 W. Marion Ave St 6
City: Punta Gorda FL Zip Code: 33950

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	PD
NAME	Robert N. McQueen
STREET ADDRESS	26034 Shore Dr
CITY-ST-ZIP	Punta Gorda Fl. 33950
TITLE	D.S. VP
NAME	Paula F. McQueen
STREET ADDRESS	26034 Shore Dr
CITY-ST-ZIP	Punta Gorda FL. 33950
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Paula F McQueen VP 4/29/02 941-872-0292 941-637-8884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #