

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H50097**

1. Entity Name

MCCREARY ENTERPRISES, INC.**FILED**
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90304 018 ***150.00

Principal Place of Business

% WILLIAM T. MCCREARY
700 CENTRAL PARKWAY
STUART FL 34994

Mailing Address

% WILLIAM T. MCCREARY
700 CENTRAL PARKWAY
STUART FL 34994**B0018377**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2548079**

Applied For

Not Applicable

Zip

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

MCCREARY, WILLIAM T.
700 CENTRAL PARKWAY
STUART FL 34994-9985

Name

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

City

FL

Zip Code

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DPVS			
	MCCREARY, WILLIAM T.	700 CENTRAL PARKWAY	STUART FL	
	D			
	MCCREARY, MIKE	8607 SW PERRY LANE	STUART FL	
	D			
	MCCREARY, TIM	8607 SW PERRY LN	STUART FL	
	D			
	MCCREARY, SCOTT	8607 SW PERRY LN	STUART FL	
	D			
	MCCREARY, TOM	8607 SW PERRY LANE	STUART FL	
	D			
	MCCREARY, HELEN	3734 MONROE STREET	BELLAIRE OH 43906	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 empowered.

SIGNATURE: *W.T.M. Creary*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.T.M. Creary

Date

3/1/01

Daytime Phone #

5614852095

CR2E034 (10/00)