

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90016 033 ***150.00

DOCUMENT # H50097

1. Entity Name
MCCREARY ENTERPRISES, INC.

Principal Place of Business

% WILLIAM T. MCCREARY
 700 CENTRAL PARKWAY
 STUART FL 34994

Mailing Address

% WILLIAM T. MCCREARY
 700 CENTRAL PARKWAY
 STUART FL 34994

2. Principal Place of Business

8607 SW Perry Ln.
 Stuart, FL 34997-7936

3. Mailing Address

8607 SW Perry Ln.
 Stuart, FL 34997-7936

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2548079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

Wm T. McCreary
 8607 SW Perry Ln
 Stuart, FL 34997-7936

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

Wm T. McCreary

Mr. Wm T. McCreary

2-22-02

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS MCCREARY, WILLIAM T. 700 CENTRAL PARKWAY STUART FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCREARY, MIKE 8607 SW PERRY LANE STUART FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCREARY, TIM 8607 SW PERRY LN STUART FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCREARY, SCOTT 8607 SW PERRY LN STUART FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCREARY, TOM 8607 SW PERRY LANE STUART FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCREARY, HELEN 3734 MONROE STREET BELLAIRE OH 43906	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Wm T. McCreary 8607 SW Perry Ln. Stuart, FL 34997-7936	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Wm T. McCreary
 Mr. Wm T. McCreary

2-22-02

Date

Daytime Phone #

772
 544 4852095

CR2E034 (9/01)