

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90065 005 ***158.75

0629506

DOCUMENT # J36239
 1. Entity Name
M. PETE MCNABB, INC.

Principal Place of Business 8415 TOWN CENTER PARKWAY BRADENTON FL 34202	Mailing Address 8415 TOWN CENTER PARKWAY BRADENTON FL 34202
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C0057038



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9415 TOWN CENTER PARKWAY	3. Mailing Address 9415 TOWN CENTER PARKWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BRADENTON, FL	City & State BRADENTON, FL
Zip 34202	Country U.S.
Zip 34202	Country U.S.

4. FEI Number 59-2735509	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCNABB, M. PETE
2201 CANTU COURT, SUITE 110
SARASOTA FL 34232

7. Name and Address of New Registered Agent
 Name
MCNABB, M. PETE
 Street Address (P.O. Box Number is Not Acceptable)
9415 TOWN CENTER PARKWAY
 City
BRADENTON **FL** Zip Code
34202

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 _____ (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 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	PD MCNABB, M. PETE 8415 TOWN CENTER PARKWAY BRADENTON FL 34202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GASTON, STEPHEN L 8415 TOWN CENTER PARKWAY BRADENTON FL 34202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NELSON, DEREK J 8415 TOWN CENTER PARKWAY BRADENTON FL 34202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JAMES, JANE A 8415 TOWN CENTER PARKWAY BRADENTON FL 34202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIGHTFOOT, BRENDA F 8415 TOWN CENTER PARKWAY BRADENTON FL 34202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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
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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brenda Lightfoot **BRENDA LIGHTFOOT** 4-23-01 941-907-6771
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)