

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90005 022 ***158.75

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

Principal Place of Business Mailing Address
9415 TOWN CENTER PKWY **9415 TOWN CENTER PKWY**
BRADENTON FL 34202 **BRADENTON FL 34202**



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

DO NOT WRITE IN THIS SPACE

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

4. FEI Number Applied For
59-2735509 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCNABB, M. PETE
9415 TOWN CENTER PKWY
SARASOTA FL 34202 BRADENTON, FL 34202

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 _____ 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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Brenda Lightfoot* **BRENDA LIGHTFOOT** 4-22-02 941-907-6771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)