

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J63773

1. Entity Name

MCDANIEL GRADING, INC.

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90072 011 \*\*\*150.00

Principal Place of Business

Mailing Address

428 5TH STREET  
ORLANDO FL 32824  
US

428 5TH STREET  
ORLANDO FL 32824-8211  
US

2. Principal Place of Business

1700 13<sup>TH</sup> STREET

3. Mailing Address

1700 13<sup>TH</sup> STREET

Suite, Apt. #, etc.

SUITE 1

Suite, Apt. #, etc.

SUITE 1

City & State

ST CLOUD FL

City & State

ST CLOUD, FL

4. FEI Number

59-2802375

Applied For

Not Applicable

Zip

Country

34769

USA

Zip

Country

34769

USA

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

CARPENTER, CONNIE C  
428 5TH STREET  
ORLANDO FL 32824

Name

Connie C CARPENTER

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

1700 13<sup>TH</sup> STREET SUITE 1

City

ST CLOUD

FL

Zip Code

34769

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

3/15/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS ☐ Delete  
NAME MCDANIEL, HAROLD  
STREET ADDRESS 428 5TH STREET  
CITY-ST-ZIP ORLANDO FL 32824

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PDT ☐ Delete  
NAME CARPENTER, CONNIE  
STREET ADDRESS 428 5TH STREET  
CITY-ST-ZIP ORLANDO FL 32824

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CONNIE C. CARPENTER

Date

3/15/00 (407) 957-2000

Daytime Phone #

CR2E034 (9/99)