

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 10, 2000 8:00 am**  
**Secretary of State**

08-10-2000 90002 005 \*\*\*150.00

**DOCUMENT # J75141**

1. Entity Name  
**MCNEILL'S FURNITURE SERVICE, INC.**

Principal Place of Business <b>8100 ULMERTON ROAD          BLDG. 8          LARGO FL 33771          US</b> <i>no change</i>	Mailing Address <b>8100 ULMERTON ROAD          BLDG. 8          LARGO FL 33771          US</b> <i>no change</i>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>59-2815077</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**MCNEILL, DENNIS  
 13535 CROFT DRIVE  
 LARGO FL 33774**  
*no change*

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 \_\_\_\_\_ (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.  **FILE NOW!!! FEE IS \$550.00**  
 After **SEPTEMBER 13, 2000** Min. will be **\$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCNEILL, DENNIS R.</b> <b>13535 CROFT DR</b> <b>LARGO FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>no change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>MCNEILL, LAWRENCE C.</b> <b>13535 CROFT DR</b> <b>LARGO FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>no change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>MCNEILL, EARL D.</b> <b>11380-116TH AVE. N.</b> <b>LARGO FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>no change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 REQUIRED** *P. McNeill VPS*  
 \_\_\_\_\_  
 \_\_\_\_\_ Date **July 7-00** Phone # **727-531-1996**