

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # J95654**

1. Entity Name

**MCCOOL ENTERPRISES, INC.****FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90354 041 \*\*\*158.75

064487

Principal Place of Business

**COMMERCIAL BLDG  
WHITE POND CIRCLE  
ALTA FL 32421  
US**

Mailing Address

**RR 3 BOX 340B  
WHITE POND CIRCLE  
ALTA FL 32421  
US**

2. Principal Place of Business

3. Mailing Address

**25513 N.W. WHITE POND CIR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**ALTA FL**

Zip

Country

Zip

Country

**32421-2417****USA**

4. FEI Number

**59-2846343**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MCCOOL, EUGENE L  
WHITE POND CIR  
RR BOX 340B  
ALTA FL 32421**

7. Name and Address of New Registered Agent

Name

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

City

**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

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, 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	PVP	<input type="checkbox"/> Delete
NAME	MCCOOL, EUGENE	
STREET ADDRESS	RRS BOX 370B	
CITY-ST-ZIP	ALTA FL 32921	

TITLE	S	<input type="checkbox"/> Delete
NAME	MCCOOL, CAROL	
STREET ADDRESS	RR3 BOX 340B	
CITY-ST-ZIP	ALTA FL 32421	

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	25513 N.W. WHITE POND CIR.	
CITY-ST-ZIP	ALTA FL 32421-2417	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	25513 N.W. WHITE POND CIR.	
CITY-ST-ZIP	ALTA FL 32421-2417	

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: *Eugene L. McCool* **EUGENE L. MCCOOL**

3/28/01 (850) 762-8189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)