

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K17016

1. Entity Name

MCNAB CONSTRUCTION & DEVELOPMENT, INC.

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90497 014 ***150.00

00000000



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1328 SO. AIA FLAGLER BEACH FLAGLER BCH FL 32136-1230	Mailing Address BOX 1230 FLAGLER BEACH FL 32136 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-2887894	Applied For	
		Not Applicable	

5. Certificate of Status Desired	<input checked="" type="checkbox"/> Yes	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCNAB, JAMES M. 1328 S. AIA BOX 1230 FLAGLER BCH FL 32136

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 _____ (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	V <input type="checkbox"/> Delete
NAME	MCNAB, JAMES M
STREET ADDRESS	BOX 1614 1328 S A1A
CITY-ST-ZIP	FLAGLER BEACH FL 32136
TITLE	V <input type="checkbox"/> Delete
NAME	MCNAB, MARGARET S
STREET ADDRESS	BOX 1230 1328 SO A1A
CITY-ST-ZIP	FLAGLER BEACH FL
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	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES M. MCNAB JR.
STREET ADDRESS	428 SOUTH ORLANDO AVE
CITY-ST-ZIP	UNIT 2 COLOA BEACH, FL. 32931
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M. MCNAB

3/6/01

Date

904-439-3884

Daytime Phone #

CR2E034 (10/00)