

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90453 038 ***150.00

DOCUMENT # L01000003637

1. Entity Name
McTernan LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17045 Marina Cove Lane
Suite, Apt. #, etc.

3. Mailing Address
17045 Marina Cove Lane
Suite, Apt. #, etc.

24049895

DO NOT WRITE IN THIS SPACE

City & State
Ft Myers, FL

City & State
Ft Myers, FL

4. FEI Number
65-1083996

Applied For
Not Applicable

Zip Country
33908 USA

Zip Country
33908 USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Peter J Gravina, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
1833 Hendry Street

City **Ft Myers** FL Zip Code **33901**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **Managing Member**
NAME **Brian McTernan**
STREET ADDRESS **17045 Marina Cove Lane**
CITY-ST-ZIP **Ft Myers, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Member**
NAME **Brian McTernan Family Trust**
STREET ADDRESS **17045 Marina Cove Lane**
CITY-ST-ZIP **Ft Myers, FL 33908**

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-04
Date

239-454-6196
Daytime Phone #

BRIAN MCTERNAN