

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90078 040 ***150.00

DOCUMENT # L72972

1. Entity Name
MCCANDLESS HOMES, INC.

Principal Place of Business 21202 OLEAN BLVD. UNIT C-4 PORT CHARLOTTE FL 33952 US	Mailing Address 21202 OLEAN BLVD. UNIT C-4 PORT CHARLOTTE FL 33952-6725 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0186399		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		Not Applicable	
City & State	City & State	4. FEI Number	65-0186399		Applied For		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
MCCANDLESS, DONALD R. J 21202 OLEAN BLVD. UNIT C-4 PORT CHARLOTTE FL 33952				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	T	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCANDLESS, DONALD R.			NAME			
STREET ADDRESS	21202 OLEAN BLVD., UNIT C-4			STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	D - Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SPITERI, ALYCE M.			NAME			
STREET ADDRESS	21202 OLEAN BLVD., UNIT C-4			STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL			CITY-ST-ZIP			
TITLE	PSD	<input type="checkbox"/> Delete		TITLE	T - Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCCANDLESS, JR D			NAME			
STREET ADDRESS	21202 OLEAN BLVD., UNIT C-4			STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)