

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90099 027 \*\*\*150.00

**DOCUMENT # L76338**

1. Entity Name

**R. & G. MCLEOD, INC.**

Principal Place of Business

Mailing Address

608 CALARADO AVE  
 STUART FL 34994  
 US

C/O RICHARD MCLEOD  
 1172 ORIENTAL  
 PORT ST. LUCIE FL 34952-5313

830724



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2454 NE Dixie Hwy

Suite, Apt. #, etc.

City & State

City & State

Jensen Beach, FL

4. FEI Number **59-3006594**

Applied For

Not Applicable

Zip

Country

Zip

Country

34957

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLEOD, RICHARD  
 1172 ORIENTAL  
 PORT ST. LUCIE FL 34952

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MCLEOD, RICHARD	1172 ORIENTAL	PORT ST. LUCIE FL	<input type="checkbox"/>
D	MCLEOD, PAMELA	1172 ORIENTAL	PORT ST. LUCIE FL	<input type="checkbox"/>
D	MCLEOD, DIANE	1172 ORIENTAL	PORT ST. LUCIE FL	<input type="checkbox"/>
D	MCLEOD, TODD	1172 ORIENTAL	PORT ST. LUCIE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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

*Richard McLeod*

Date

3-20-00

Daytime Phone #

561-225-0011

CR2E034 (9/99)