2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State
02-05-2002 90094 019 ***150.00

DOCUMENT # M86633

1. Entity Name
MCCULLOUGH ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% EUGENE H. MCCULLOUGH 170 S. HALIFAX AVE. DAYTONA BEACH FL 32118	% EUGENE H. MCCULLOUGH 170 S. HALIFAX AVE. DAYTONA BEACH FL 32118

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
179 CHEROKEE ROAD	179 CHEROKEE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORMOND BEACH, FL 32174	City & State: ORMOND BEACH
Zip: 32174 — Country: USA	Zip: 32174 — Country: USA

4. FEI Number 59-2896530 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCCULLOUGH, EUGENE H.
170 S. HALIFAX AVE.
DAYTONA BEACH FL 32018

7. Name and Address of New Registered Agent

Name: EUGENE H. MCCULLOUGH
Street Address (P.O. Box Number is Not Acceptable): 179 CHEROKEE ROAD
City: ORMOND BEACH FL Zip Code: 32174

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 Eugene H McCullough 1-17-02
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, 2002 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	DP MCCULLOUGH, EUGENE H. 179 CHEROKEE RD ORMOND BEACH FL 32174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MCCULLOUGH, MARTHA J. 179 CHEROKEE RD ORMOND BEACH FL 32174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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: Martha J McCullough 1/17/02 386-673-3229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #