

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90309 049 ***150.00

DOCUMENT # P00000006362

1. Entity Name
TIM MCLEOD INC.



Principal Place of Business

13060 VISTA ISLE DR.

211

SUNRISE FL 33325

US

Mailing Address

13060 VISTA ISLE DR.

211

SUNRISE FL 33325

US



2. Principal Place of Business

17336 37th Pl N

3. Mailing Address

17336 37th Pl N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Loxahatchee FL

City & State
Loxahatchee FL

4. FEI Number 65-0976138

Applied For
Not Applicable

Zip

Country

33470

Zip

33470

Country

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

6. Name and Address of Current Registered Agent

MCLEOD, TIM
13060 VISTA ISLE DR., STE. 211
SUNRISE FL 33325

(Address change only)

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

17336 37th Place North

City

Loxahatchee

FL

Zip Code

33470

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Tim McLeod

1/28/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCLEOD, TIM
STREET ADDRESS 13060 VISTA ISLE DRIVE #211
CITY-ST-ZIP SUNRISE FL 33325 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~President~~
NAME ~~Tim McLeod~~
STREET ADDRESS 17336 37th Place North
CITY-ST-ZIP Loxahatchee FL 33470 ☒ Change ☐ Addition

TITLE Treasurer
NAME Ailene McLeod
STREET ADDRESS 17336 37th Place North
CITY-ST-ZIP Loxahatchee FL 33470 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)