

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90152 036 ***150.00

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1. Entity Name
MCNEEL/PALMER CORPORATION



Principal Place of Business
C/O JOEL GILES
200 CENTRAL AVENUE, SUITE 2300
ST. PETERSBURG FL 33701

Mailing Address
C/O JOEL B. GILES
P.O. BOX 2861
ST. PETERSBURG FL 33731-2861

2. Principal Place of Business
2969 Hardman Court, N.E.

3. Mailing Address
C/O McNeel International Corp.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 23887

☐ CHECK HERE IF MAKING CHANGES

City & State
Atlanta, GA 30309

City & State
Tampa, FL 33623

4. FEI Number
59-3665952

Applied For
Not Applicable

Zip
30309

Country
USA

Zip
33623

Country
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

GILES, JOEL B ESQ
200 CENTRAL AVENUE
SUITE 2300
ST PETERSBURG FL 33701

Name
McNeel International Corporation
Street Address (P.O. Box Number is Not Acceptable)
5401 W. Kennedy Blvd., Suite 751, 5th Floor
City
Tampa
FL
Zip Code
33609

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 **Joel B. Giles** **April 9, 2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MCNEEL, VAN L**
STREET ADDRESS **5401 W KENNEDY BLVD, SUITE 751**
CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE **D** ☐ Delete
NAME **MCNEEL, CLAYTON W**
STREET ADDRESS **5401 W. KENNEDY BLVD., SUITE 751**
CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE **DEV** ☐ Delete
NAME **MCNEEL, IAN E**
STREET ADDRESS **2969 HARDMAN COURT NE**
CITY-ST-ZIP **ATLANTA GA 30305**

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

TITLE **DP** ☐ Delete
NAME **PALMER, BRUCE C**
STREET ADDRESS **2969 HARDMAN COURT NE**
CITY-ST-ZIP **ATLANTA GA 30305**

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

TITLE **D** ☐ Delete
NAME **PALMER, CHRISTINA H**
STREET ADDRESS **2969 HARDMAN COURT NE**
CITY-ST-ZIP **ATLANTA GA 30305**

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

TITLE **VST** ☐ Delete
NAME **WOOD, RENE M**
STREET ADDRESS **5401 W KENNEDY BLVD, SUITE 751**
CITY-ST-ZIP **TAMPA FL 33609**

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

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: **M. Wood, Vice President** **April 11, 2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)