

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 12, 2001 8:00 am**
Secretary of State

03-20-2001 90064 010 ***150.00

DOCUMENT # P00000076125

1. Entity Name

CHRISTINE MCCULLY, INC.Principal Place of Business
27560 RIVERDALE LANE
BONITA SPRINGS FL 33923Mailing Address
27560 RIVERDALE LANE
BONITA SPRINGS FL 33923

2. Principal Place of Business

3461 BONITA BAY BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 208

City & State

City & State

BONITA SPRING, FL

4. FEI Number

65-1019878

Applied For

Not Applicable

Zip

Country

Zip

Country

34184**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

S.W. PROFESSIONAL SERVICES OF FT. MYERS
13571 MCGREGOR BLVD., #2
FT. MYERS FL 33919

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees11. **PRESIDENT** OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CHRISTINE MCCULLY** ☐ Delete
NAME
STREET ADDRESS **27560 RIVERDALE LANE**
CITY-ST-ZIP **BONITA SPRINGS FL 33923**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

CHRISTINE MCCULLY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/14/01**941-947-7787**

CR2034 (10/00)