

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-17-2003 90163 017 ***150.00

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1. Entity Name
CHRISTINE MCCULLY, INC.



Principal Place of Business
~~3461 BONITA BAY BLVD~~
~~SUITE 200~~
~~BONITA SPRINGS FL 34134~~
~~US~~

Mailing Address
~~3461 BONITA BAY BLVD~~
~~SUITE 200~~
~~BONITA SPRINGS FL 34134~~
~~US~~



2. Principal Place of Business
9148 BONITA BCH RD
Suite, Apt. #, etc.
SUITE # 200 -1

3. Mailing Address
27595 GROVE RD
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
BONITA SPRINGS FL
Zip
34135
Country
US

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BONITA SPRINGS FL
Zip
34135
Country
US

4. FEI Number **65-1019878**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	MCCULLY, CHRISTINE	27560 RIVERDALE COURT	BONITA SPRINGS FL 33923	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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: *Christine McCully* **CHRISTINE MCCULLY** **4/13/03** **239-947-7787**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)