

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

DOCUMENT # PO1 000043712 ✓
1. Entity Name
CYNTHIA A. MCNEELY

DO NOT WRITE IN THIS SPACE

38444

2. Principal Place of Business
1841 Wagon Wheel Cir. W.
Suite, Apt. #, etc.

3. Mailing Address
PO Box 10230
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL 32317
Zip 32317 Country USA

City & State
Tallahassee, FL
Zip 32302 Country USA

4. FEI Number
None Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Cynthia A. McNeely
Street Address (P.O. Box Number is Not Acceptable)
1841 Wagon Wheel Cir. W.
City Tallahassee FL Zip Code 32317

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 Cynthia A. McNeely Cynthia A. McNeely 5/9/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Cynthia A. McNeely</u> <u>1841 Wagon Wheel Cir. W.</u> <u>Tallahassee, FL 32317</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.
SIGNATURE Cynthia A. McNeely Cynthia A. McNeely 5/9/02 212-5290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

Attachment
PO1000043712

38444

Letter from Dept of
State postmarked
6/12/07
Received 6/17/02