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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # **PO1000051464**
1. Entity Name
MCARDLE TIMBER ENTERPRISES, INC.

02 DEC -3 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2198 Princeton Street
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sarasota, FL

City & State
Same

4. FEI Number
59-372215

Applied For
 Not Applicable

Zip
34237

Country
USA

Zip
Same

Country
Same

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 **G. Peter Harris**

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

2198 Princeton Street

City **Sarasota** **FL** Zip Code **34237**

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

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 \$250.00
Amended UBR is \$81.25
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
McArdle, Sheamus DP
STREET ADDRESS
2198 Princeton Street
CITY-ST-ZIP
Sarasota, FL 34237

TITLE NAME
100009315261
STREET ADDRESS
12/03/02 (1042-53) AM (ST. 00)

TITLE NAME
Harris, G. Peter DS
STREET ADDRESS
3502 Wilkinson Woods Drive
CITY-ST-ZIP
Sarasota, FL 34231

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **G. Peter Harris**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/02 **(941) 953-2204**
Date Daytime Phone #

CR2E034B (12/01)

12/15

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McArdle Timber Enterprises

2198 Princeton Street * Sarasota * FL * 34237

Tuesday, October 22, 2002

Uniform Business Report Filings
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: UBR Filing Form

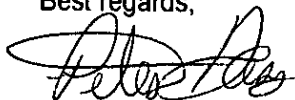
Dear Processing Officer:

Included is a completed Uniform Business Report for McArdle Timber Enterprises. It had just come to my attention that the report form was not received and I went onto the internet and printed one out.

This is a large office complex and I do not know where the filing reports ended up.

I sincerely appreciate your kind assistance in this matter to bring McArdle Timber Enterprises up to status.

Best regards,



Peter Harris
Secretary