

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90033 029 \*\*\*150.00

DOCUMENT # **P010000094315**

1. Entity Name  
 SHEILA MCNEILL INC

Principal Place of Business Mailing Address  
 1194 LINKSIDE CT E

ATLANTIC BEACH, FL  
 32233

2. Principal Place of Business  
 1194 LINKSIDE CT E

3. Mailing Address  
 1194 LINKSIDE CT E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 ATLANTIC BEACH, FL

City & State  
 ATLANTIC BEACH, FL

4. FEI Number  
 59-3748190

Applied For  
 Not Applicable

Zip Country  
 32233 USA

Zip Country  
 32233 USA

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

## 6. Name and Address of Current Registered Agent

SHEILA MCNEILL  
 1194 LINKSIDE CT E  
 ATLANTIC BEACH, FL 32233

## 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.

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ \$5.00  
 Trust Fund Contribution. May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ Delete  
 NAME SHEILA MCNEILL  
 STREET ADDRESS 1194 LINKSIDE CT E  
 CITY - ST - ZIP ATLANTIC BEACH, FL 32233

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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

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

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TITLE ☐ 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:

*Sheila McNeill*

SHEILA MCNEILL

3-26-2002

904-241-7691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 (9/99)