

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90057 003 ***150.00

80654803

DO NOT WRITE IN THIS SPACE

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P01000094315*

1. Entity Name
SHEILA MCNEILL INC

Principal Place of Business
1194 LINKSIDE CT E

Mailing Address
1194 LINKSIDE CT E

ATLANTIC BEACH, FL
32233

ATLANTIC BEACH, FL
32233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3748190

Applied For

Not Applicable

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

SHEILA MCNEILL
1194 LINKSIDE CT E
ATLANTIC BEACH, FL 32233

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, 2003 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

TITLE
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STREET ADDRESS
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CITY - ST - ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

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, PRES.

3-12-03

904-241-7691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)