## 2002 UNIFORM BUSINESS REPORT (UBR)

## P01000104443 DOCUMENT # **Secretary of State** 1. Entity Name 02-04-2002 90020 006 \*\*\*150 00 THE MCDONNELL GROUP, INC. Mailing Address Principal Place of Business 1318 HARBOUR WAY 1318 HARBOUR WAY PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State Not Applicable Country Zin \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent Name and Address of Current Registered Agent Name MCDONNELL, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 1318 HARBOUR WAY PANAMA CITY BEACH FL 32407 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01) VICE PRESIDENT ☐ Addition TITLE ☐ Delete TITLE modernell Christopher 1318 Harbour way NAME MCDONNELL, CHRISTOPHER CR2E034 STREET ADDRESS STREET ADDRESS 1318 HARBOUR WAY CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32407 Panama City Bands, Fi Change ☐ Delete PLESIDENT ☐ Addition TITLE Bornell James Bor montight Bay NAME MCDONNELL, JAMES STREET ADDRESS STREET ADDRESS 301 MOONLIGHT BAY CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32411 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME\_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP [ ] Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

Feb 04, 2002 8:00 am