2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000106246

1. Entity Name

R. & E. MCNEIL, INC.



Mar 07, 2003 8:00 am § Secretary of State

03-07-2003 90091 047 ***150.00

FILED

				WE WE					
Principal Plac	e of Business	Mailing Address		•					
18301 PLANTA	ATION LAKES CIRCLE	AKES CIRCLE							
SANFORD FL	FL 32771 SANFORD FL 32771								
		ee							
2. Principal Place of Business 7239 3. Mailing Address SAME								HAND BAYN ANDE	
Suite, Apt. #, etc. Suite, Apt. #, etc.				***************************************	К , сн	ECK HERE IF MAKING (CHANGES		
City & State MANN, FL City & State					4. FEI Number	4. FEI Number 59-3754440		oplied For	
3274	6 - USA	Zip	Country	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Statu		8.75 Add	ditional	
6. Name and Address of Current Registered Agent			1		7. Name and Addres	s of New Registered Ag			
				. Name					
MCNEIL, A. RANDOLPH			. -	Street Address (P.O. Box Number is Not Acceptable)					
18301 PL/	ANTATION LAKES CIRCLE		L			· · · · · · · · · · · · · · · · · · ·			
SANFORD	FL 32771								
4				City	,	FL	Zip Code	e	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and titls if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
		<u> </u>	•						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						ampaign Financing Contribution.		0 May Be I to Fees	
10.	OFFICERS AND D	DIRECTORS	11.	1	ADDITIONS/CHANG	ES TO OFFICERS AND D	IRECTOR:	S IN 11	
TITLE	Р	☐ Delete	TITLE	1000	M. 1 1 1/2		24 Change	Addition	
NAME	MCNEIL, A. RANDOLPH		NAME	17.7		Anding Drive		_	
STREET ADDRESS	18301 PLANTATION LAKES CIRCL	.E	STREET	ADDRESS	39 Equets L		,,		
CITY-ST-ZIP	SANFORD FL 32771		CITY-S1	-ZIP	AKR MARY,	FL 3274	b		
TITLE	VP	☐ Delete	TITLE	VP	9.	46	C hange	☐ Addition	
NAME	MCNEIL, ELIZABETH		NAME	Men	leil Clark	Just Dick]	
STREET ADDRESS	18301 PLANTATION LAKES CIRCL	E		ADDRESS 523	9 Egus LAN	1, 19 Dave			
CITY-ST-ZIP	SANFORD FL 32771		CITY-S1	-ZIP	YEL MARY,	FL 32740			
TITLE		☐ Delete	TITLE		0.]	Change	☐ Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET :	ADDRESS				ĺ	
				-211	·				
TITLE		☐ Delete	TITLE	İ		L	Change	☐ Addition	
NAME Street address			NAME	ADDRESS					
CITY-ST-ZIP			CITY-ST	I			•	,	
TITLE	•	☐ Delete	TITLE				Change	Addition	
NAME		L Detete	NAME			L	Change	Addition	
STREET ADDRESS				ADDRESS		•			
CITY-ST-ZIP			CITY-ST			-			
TITLE		☐ Delete	TITLE	•		· · · · · · · · · · · · · · · · · · ·	: Change	Addition	
NAME		<u> </u>	NAME			• •	1	_	
STREET ADDRESS			STREET	ADDRESS		or the specific			
CITY-ST-ZIP			CITY-ST	-ZIP					
12 I barabu a	portify that the information available with the	ble filler deservation and		Non although in C	antina 110 07(0)(i) Florid	- Ct-+ + 1 f +: f	. 414 41 3-	f	

I nereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: