

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90346 026 ***150.00

DOCUMENT # **PD1000113185**
1. Entity Name
MCCRELESS + SOARS, INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2950 Tohopekaliga Dr.	3. Mailing Address 2950 Tohopekaliga Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

B0053875

DO NOT WRITE IN THIS SPACE

City & State St. Cloud, FLA	City & State St. Cloud, FLA	4. FEI Number EIN 59-3757389	Applied For Not Applicable
Zip 34772	Country USA	Zip 34772	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Princess McCreless
Street Address (P.O. Box Number is Not Acceptable) 2950 Tohopekaliga Dr
City St. Cloud
FL FL
Zip Code 34772

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 resigning) DATE

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 \$550.00
Amended UBR is \$61.25
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 STREET ADDRESS CITY - ST - ZIP	Director Princess McCreless 2950 Tohopekaliga Dr. St. Cloud, FLA 34772	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Princess McCreless 3/10/02 407-891-8432
Date: Daytime Phone #

CR2E034B (12/01)