

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000115640

1. Entity Name

MCCRANIE DEVELOPMENT SERVICES, INC.

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90006 045 ***150.00

0001464 AT

Principal Place of Business

Mailing Address

26 SOUTH 5TH STREET
 FERNANDINA BEACH FL 32034

26 SOUTH 5TH STREET
 FERNANDINA BEACH FL 32034

2. Principal Place of Business

3. Mailing Address

501 Centre Street

501 Centre Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 106

Suite 106

City & State

City & State

Fernandina Beach FL

Same

Zip

Country

Zip

Country

32034

4. FEI Number

Applied For

Applied for 04-3600536

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PULIGNANO, NICHOLAS V JR.
 1200 RIVERPLACE BOULEVARD
 SUITE 800
 JACKSONVILLE FL 32207

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, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
 MCCRANIE, S. COURTNEY
 26 SOUTH 5TH STREET
 FERNANDINA BEACH FL 32034

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

501 Centre Street, Suite 102

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/2

904-321-2222

CR2E034 (9/01)