

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

04/10/04  
AV

**DOCUMENT # P02000018855**

1. Entity Name  
**MCNALLY'S NEIGHBORHOOD GRILL, INC.**



03-12-2003 90079 035 \*\*\*150.00

Principal Place of Business  
**6626 3RD AVENUE NORTH  
ST. PETERSBURG FL 33710**

Mailing Address  
**6626 3RD AVENUE NORTH  
ST. PETERSBURG FL 33710**



2. Principal Place of Business  
**923 72<sup>ND</sup> STREET N**

3. Mailing Address  
**MCNALLY'S NEIGHBORHOOD GRILL INC**

Suite, Apt. #, etc.  
**ST PETERSBURG FL**

Suite, Apt. #, etc.  
**923 72<sup>ND</sup> STREET N.**

City & State

City & State  
**ST. PETERSBURG, FL**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**010632882**

Applied For  
Not Applicable

Zip  
**33710**

Country  
**USA**

Zip  
**33710**

Country  
**USA**

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

**MCNALLY, CHRIS  
6626 3RD AVENUE NORTH  
ST. PETERSBURG FL 33710**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**923 72<sup>ND</sup> STREET N.**  
**ST PETERSBURG**  
City **FL** Zip Code **33710**

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 *Chris McNally*  
Signature, typed or printed name of registered agent and title if applicable.

**CHRIS MCNALLY**  
(NOTE: Registered Agent signature required when reinstating)

**3/10/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
NAME **MCNALLY, CHRIS**  
STREET ADDRESS **6626 3RD AVENUE NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **MCNALLY, CHRIS**  
STREET ADDRESS **923 72<sup>ND</sup> STREET N.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Chris McNally* **CHRIS MCNALLY** **3/10/03** **(727) 302-9600**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)