

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90142 011 ***563.75

0139057 AT

DOCUMENT # P02000102499

1. Entity Name
MCARDLE GROUP AMERICAN LAND, INC.



Principal Place of Business
**6121 RIVERSHORE COURT
NORTH FORT MYERS FL 33917**

Mailing Address
**6121 RIVERSHORE COURT
NORTH FORT MYERS FL 33917**

2. Principal Place of Business
3855 SARAL SPRINGS BLVD

3. Mailing Address
3855 SARAL SPRING BLVD

Suite, Apt. #, etc.

City & State
FT MYERS FL

City & State
FT MYERS FL

Zip
33907

Country

Zip
33917

Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DEVANEY, DON
6121 RIVERSHORE COURT
NORTH FORT MYERS FL 33917**

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

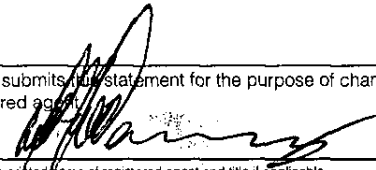
7. Name and Address of New Registered Agent

Name **DON DEVANEY**

Street Address (P.O. Box Number is Not Acceptable)
3855 SARAL SPRINGS BLVD

City **FT MYERS** State **FL** Zip Code **33917**

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  DATE **7/21/03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MCARDLE, JAMES 6121 RIVERSHORE COURT NORTH FORT MYERS FL 33917	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN MCARDLE, JAMES 3855 SARAL SPRINGS BLVD NORTH FT MYERS FL 33917	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIRMAN MCARDLE, JAMES (JNR) 3855 SARAL SPRINGS BLVD FT MYERS FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPERATIONS DIRECTOR DON DEVANEY 3855 SARAL SPRINGS BLVD FT MYERS FL 33917	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, or other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034(4/03)