

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90425 031 \*\*\*150.00

**DOCUMENT # P03000004402**

1. Entity Name

**MCGILL & ASSOCIATES PROFESSIONAL REPORTING SERVICES, INC.**



Principal Place of Business

**215 E. MAIN STREET  
BARTOW FL 33830**

Mailing Address

**215 E. MAIN STREET  
BARTOW FL 33830**

**55038714**

2. Principal Place of Business

**170 South Oak Ave.**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**Bartow FL**

City & State

**Same**

4. FEI Number

**41-2073299**

Applied For

☐ Not Applicable

Zip

**33830**

Country

**USA**

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional**

**Fee Required**

6. Name and Address of Current Registered Agent

**MCGILL, LINDA A  
215 E. MAIN STREET  
BARTOW FL 33830**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Linda A. McGill**

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

**[Signature]**

(NOTE: Registered Agent signature required when reinstating)

**4-16-03**

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

TITLE NAME ☐ Delete

**Linda A. McGill, Pres.  
1180 Hermosa Avenue  
Bartow FL 33830**

TITLE NAME ☐ Delete

**Franklin S. McGill, VP  
1180 Hermosa Avenue  
Bartow FL 33830**

TITLE NAME ☐ Delete

**Linda G. McGill, S/T  
1170 North Mill Ave  
Bartow FL 33830**

TITLE NAME ☐ Delete

**[Blank]**

TITLE NAME ☐ Delete

**[Blank]**

TITLE NAME ☐ Delete

**[Blank]**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

**[Blank]**

TITLE NAME ☐ Change ☐ Addition

**[Blank]**

TITLE NAME ☐ Change ☐ Addition

**[Blank]**

TITLE NAME ☐ Change ☐ Addition

**[Blank]**

TITLE NAME ☐ Change ☐ Addition

**[Blank]**

TITLE NAME ☐ Change ☐ Addition

**[Blank]**

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:**

**[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

**4-16-03**

**863-533-4642**

DATE

Daytime Phone #

CR2E034 (10/02)