

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37157

1. Entity Name

MCARDLE ENTERPRISES, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90034 013 ***150.00

Principal Place of Business

Mailing Address

POST OFFICE BOX 64
ST. CHARLES IL 60174

POST OFFICE BOX 64
ST. CHARLES IL 60174-0064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3709485

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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, 2000 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	DCP	<input type="checkbox"/> Delete
NAME	MCARDLE, DAVID A.	
STREET ADDRESS	311 KAUTZ RD.	
CITY-ST-ZIP	ST. CHARLES IL 60174	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MCARDLE, EDWARD K.	
STREET ADDRESS	5101 CAROLINE	
CITY-ST-ZIP	HOUSTON TX 77004	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KELLY, THOMAS J.	
STREET ADDRESS	4051 E. MAIN ST.	
CITY-ST-ZIP	ST. CHARLES IL 60174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DCP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McArdle, David A.	
STREET ADDRESS	4051 E. Main Street	
CITY-ST-ZIP	St. Charles, IL 60174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly, Thomas J.	
STREET ADDRESS	1600 E. Main Street, Ste. B	
CITY-ST-ZIP	St. Charles, IL 60174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Thomas J. Kelly, Secretary, 1/31/00, (630) 584-6580

Date

Daytime Phone #

CR2E034 (9/99)