

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000084343

1. Entity Name

MCNEAL PAINTING, INC.

Principal Place of Business

835 96TH STREET, OCEAN
MARATHON FL 33050

Mailing Address

835 96TH STREET, OCEAN
MARATHON FL 33050

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WRIGHT, THOMAS D
9711 OVERSEAS HWY
STE 5
MARATHON FL 33050

7. Name and Address of New Registered Agent

Name

James J. Dorl

Street Address (P.O. Box Number is Not Acceptable)

5701 Overseas Hwy. P.O. Box 500177

Suite 12

City

Marathon

FL

Zip Code

33050

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 re-statuting)

DATE

4/18/01

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCNEAL, JOSEPH C	
STREET ADDRESS	835 96TH STREET, OCEAN	
CITY-STATE-ZIP	MARATHON FL 33050	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MCNEAL, SANDRA V	
STREET ADDRESS	835 96TH STREET, OCEAN	
CITY-STATE-ZIP	MARATHON FL 33050	
TITLE	V	<input type="checkbox"/> Delete
NAME	VALLANDINGHAM, JOHN F.	
STREET ADDRESS	835 96TH STREET OCEAN	
CITY-STATE-ZIP	MARATHON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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

Sandra V. McNeal

Sandra V. McNeal Secretary/Treasurer

305-743-4724

4/18/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90066 012 ***150.00

00041357



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)