## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

MCNEAL PAINTING, INC.



Mar 03, 2003 8:00 am § Secretary of State 03-03-2003 90462 011 \*\*\*150.00

**FILED** 

P94000084343 1. Entity Name

Principal Place of Business Mailing Address 835 96TH STREET, OCEAN 835 96TH STREET, OCEAN MARATHON FL 33050 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address 0660 SW 1err 68Terr 0660 SW Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES cala City & State City & State 4. FEI Number Applied For 65-0541447 Not Applicable 204476 Gountry \$8.75 Additional 5. Certificate of Status Desired arion. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DORL, JAMES J Street Address (P.O. Box Number is Not Acceptable) 5701 OVERSEAS HIGHWAY SUITE 12 P.O. BOX 500177 MARATHON FL 33050 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Mc New Joseph C. 10660 SW 68 Terr MCNEAL, JOSEPH C NAME NAME 835 96TH STREET, OCEAN STREET ADDRESS STREET ADDRESS MARATHON FL 33050 CITY-ST-7IP CITY-ST-ZIP Ocala PL. 34476 STD TITLE ☐ Delete TITLE Change ☐ Addition MCNEAL, SANDRA V NAME McNeal Sandra V. 10660 SW 68 Terr NAME STREET ADDRESS 835 96TH STREET, OCEAN STREET ADDRESS CITY-ST-ZIP MARATHON FL 33050 CITY-ST-ZIP Ocala PL 34476 TITLE ☐ Delete TITLE T4 Change ☐ Addition Vallanding han John F. 10660 SW GFTERF NAME VALLANDINGHAM, JOHN F. NAME STREET ADDRESS 835 96TH STREET OCEAN STREET ADDRESS CITY-ST-7IP MARATHON FL CITY-ST-ZIP Ocala 12 34476 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP