

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90012 041 ***150.00

DOCUMENT # P95000004534

1. Entity Name

M. PETE MCNABB OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

261 EAST ALTAMONTE DR
 SUITE 1008
 ALTAMONTE SPRINGS FL 32701

261 EAST ALTAMONTE DR
 SUITE 1008
 ALTAMONTE SPRINGS FL 32701-4311

2. Principal Place of Business

3. Mailing Address

401 E CHASE ST

401 E CHASE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 104

STE 104

City & State

City & State

PEWEEBACH FL

PEWEEBACH FL

00000110



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3295211

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, DANIEL P
 261 E ALTAMONTE DR
 SUITE 1008
 ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name **JANE A JAMES**
 Street Address (P.O. Box Number is Not Acceptable)
401 E CHASE STREET
STE 104
 City **PEWEEBACH FL** Zip Code **32501**

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]

JANE A. JAMES

4-13-00

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 **D** Delete
 NAME **MCNABB, M. PETE**
 STREET ADDRESS **261 ALTAMONTE DR STE 1008**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE Change Addition
 NAME
 STREET ADDRESS **401 E CHASE ST STE 104**
 CITY-ST-ZIP **PEWEEBACH, FL 32501**

TITLE **VP** Delete
 NAME **ROBINSON, DANIEL P**
 STREET ADDRESS **261 E ALTAMONTE DR**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VS** Delete
 NAME **JAMES, JANE A**
 STREET ADDRESS **2201 CANTU COCURT, #110**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **401 E CHASE ST STE 104**
 CITY-ST-ZIP **PEWEEBACH, FL 32501**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00 850-857-1042
 Date Daytime Phone #

CFR2E034 (9/99)