

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90313 042 ***150.00

DOCUMENT # P95000004534

1. Entity Name

M. PETE MCNABB OF CENTRAL FLORIDA, INC.



Principal Place of Business

401 E CHASE ST

STE 104

PENSACOLA FL 32501

Mailing Address

401 E CHASE ST

STE 104

PENSACOLA FL 32501

2. Principal Place of Business

3089 GULF BREEZE PRKWAY

3. Mailing Address

3089 GULF BREEZE PRKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

GULF BREEZE FL

City & State

GULF BREEZE FL

4. FEI Number

59-3295211

Applied For

Not Applicable

Zip

32563

Country

USA

Zip

32563

Country

USA

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

JAMES, JANE A

401 E CHASE ST.

STE 104

PENSACOLA FL 32501

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MCNABB, M. PETE	
STREET ADDRESS	401 E CHASE ST STE 104	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	VS	<input type="checkbox"/> Delete
NAME	JAMES, JANE A	
STREET ADDRESS	401 E CHASE ST STE 104	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNABB, M. PETE	
STREET ADDRESS	3089 GULF BREEZE PRKWAY	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, JANE A	
STREET ADDRESS	3089 GULF BREEZE PRKWAY	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)