

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

0054232 AV

DOCUMENT # **P95000004534**



1. Entity Name
M. PETE MCNABB OF CENTRAL FLORIDA, INC.

03-31-2003 90313 042 ***150.00

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.

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 _____ DATE _____
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
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		
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)