

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90394 016 \*\*\*150.00

DOCUMENT # **PQ5000093922**

1. Entity Name

**M+A FINANCIAL INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**32801 US Highway 19 N**

3. Mailing Address

**32801 US 19 N**

Suite, Apt. #, etc.

**Ste 200**

Suite, Apt. #, etc.

**Ste 200**

DO NOT WRITE IN THIS SPACE

City & State

**Palm Harbor FL**

City & State

**Palm Harbor FL**

4. FEI Number

**59-3181695**

Applied For

Not Applicable

Zip

**34698**

Country

**USA**

Zip

**34684**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**JACK ST. ARNOLD**

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

**1370 PINEHURST Rd**

City

**Dunedin**

FL

Zip Code

**34698**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Pres  
McCawley, Howard Lee  
171 Buena Vista Dr S. Dunedin  
FL 34698**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
McCawley, Shirlee L.  
171 Buena Vista Dr S.  
Dunedin FL 34698**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP HALTER, KELLEY  
2677 CRYSTAL CIR  
Dunedin, FL 34698**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

**KELLEY A. HALTER**

**KELLEY A. HALTER**

**4/29/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**727-989-5320**

CR2E034B (12/01)