

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90401 010 ***150.00

DOCUMENT # P96000017652

1. Entity Name
DON R. MCAFEE INC.



Principal Place of Business
5448 PERGRAN COURT
JACKSONVILLE FL 32257

Mailing Address
5448 PERGRAN COURT
JACKSONVILLE FL 32257

2. Principal Place of Business
10760 SKYLARK Dr.
Suite, Apt. #, etc.

3. Mailing Address
10760 SKYLARK Dr.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
JACKSONVILLE, FL.
Zip **32257** **Country** **U.S.**

City & State
JACKSONVILLE, FL.
Zip **32257** **Country** **U.S.**

4. FEI Number **59-3661278**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCAFEE, DON R SR.
5448 PERGRAN COURT
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name **DON R MCAFEE SR.**
Street Address (P.O. Box Number is Not Acceptable)
10760 SKYLARK Dr.
City **JAX** **FL** **Zip Code** **32257**

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 *Don R. McAfee Sr.* **DON R MCAFEE SR. / President** **4/11/03**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME MCAFEE, DON R SR	
STREET ADDRESS 5448 PERGRAN COURT	
CITY-ST-ZIP JACKSONVILLE FL 32257	
TITLE VPD	<input type="checkbox"/> Delete
NAME MCAFEE, DON R JR	
STREET ADDRESS 1628 TWIN OAKS DRIVE WEST	
CITY-ST-ZIP MIDDLEBURG FL 32068	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DON R MCAFEE SR	
STREET ADDRESS 10760 SKYLARK Dr.	
CITY-ST-ZIP JACKSONVILLE, FL. 32257	
TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DON R MCAFEE JR.	
STREET ADDRESS 10695 HAMPTON RD	
CITY-ST-ZIP JACKSONVILLE, FL. 32257	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Don R. McAfee Sr.* **DON R MCAFEE SR.** **4/11/03** **(904) 268-3950**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)