

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000053215
 1. Entity Name
GENE MCCALL CONSERVATION & RESTORATION, INC.

Principal Place of Business
**475 WEST DEARBORN STREET
 ENGLEWOOD FL 34223**

Mailing Address
**475 WEST DEARBORN STREET
 ENGLEWOOD FL 34223**

FILED
02 APR -8 PM 4:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Place of Business
**860 S. River Rd.
 Suite, Apt. #, etc.
 Unit D
 Englewood, FL
 Zip 34223 Country USA**

3. Mailing Address
**860 S. River Rd.
 Suite, Apt. #, etc.
 Unit D
 Englewood, FL
 Zip 34223 Country USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0673700** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
**AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
9000005418539-3
-05/01/02--01080--026
 City *****150 FL ***150.00**

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 _____ (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. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD MCCALL, GENE 475 WEST DEARBORN STREET ENGLEWOOD FL 34223 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD McCall, Gene 860 S. River Rd. Unit D Englewood, FL 34223 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCALL, SANDRA 475 WEST DEARBORN STREET ENGLEWOOD FL 34223 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD McCall, Sandra 860 S. River Rd. Unit D Englewood, FL 34223 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 807, 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 REQUIRED _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____
1-18-02 941-473-1348
 Date Daytime Phone

CR2004 (9/01)