

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000065447**

1. Entity Name

**THE MCDONNELL GROUP, INC.****FILED****Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90319 029 \*\*\*150.00

Principal Place of Business

**1807 OCEAN DRIVE  
VERO BEACH FL 32963**

Mailing Address

**PO BOX 2011  
JESSUP MA 20794  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0691481**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MCDONNELL, JAMES E II  
1807 OCEAN DRIVE  
VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

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.

SIGNATURE

**James E. McDonnell II****4-11-2001**

Signature, typed or printed name of registered agent and date

(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) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D</b> <b>MCDONNELL, JAMES E II</b> <b>1807 OCEAN DRIVE</b> <b>VERO BEACH FL 32963</b>	<input type="checkbox"/>		
<b>D</b> <b>MCDONNELL, JAMES E III</b> <b>7460 CONOWINGO AVENUE</b> <b>JESSUP MD 20794</b>	<input type="checkbox"/>		
<b>D</b> <b>MCDONNELL, THOMAS M</b> <b>2140 MANGROVE DRIVE</b> <b>VERO BEACH FL 32963</b>	<input type="checkbox"/>		
<b>D</b> <b>HINDSLEY, PAMELA M</b> <b>7460 CONOWINGO AVENUE</b> <b>JESSUP MD 20794</b>	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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 Block 12 if changed, or on an attachment with an address with all other officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James E. McDonnell****(561) 234-5212****April 11, 2001**

Date Daytime Phone #

CR2E034 (10/00)